

Casework and Service Delivery Policy

Vocational Rehabilitation Services



North Carolina Vocational Rehabilitation Services
Effective October 1, 2011

TABLE OF CONTENTS

INTRODUCTION

CHARGE/PURPOSE STATEMENT

CHAPTER ONE - PROGRAM ADMINISTRATION

SECTION 1-1: INTRODUCTION

Policy Development and Consultation _____	1-1-1
Audit – Federal _____	1-1-2
Provision of Services to Employees or to Members of Their Immediate Family _____	1-1-3
Transportation of Clients – Liability _____	1-1-4

SECTION 1-2: RECORDS MANAGEMENT

Record of Service Transfers _____	1-2-1
Responsibilities of the Transferring Counselor _____	1-2-2
Responsibilities of the Receiving Counselor _____	1-2-3
Retention/Disposal of Records of Service _____	1-2-4
Annual Review of Closed Records of Service _____	1-2-5
Annual Verification of Records of Service _____	1-2-6

SECTION 1-3: CONFIDENTIALITY OF RECORDS

General Provisions _____	1-3-1
Requests for Client Information _____	1-3-2
Release of Confidential Information with the Consent of the Client _____	1-3-3
Release of Confidential Information without the Consent of the Client _____	1-3-4
Subpoenas _____	1-3-5

SECTION 1-4: CLIENT ASSISTANCE PROGRAM (CAP)

SECTION 1-5: CLIENT AND APPLICANT APPEALS OF DIVISION DECISIONS

SECTION 1-6: SOCIAL SECURITY WORK INCENTIVES

Failure to Cooperate _____	1-6-1
Social Security Reimbursement System _____	1-6-2

SECTION 1-7: IMPLICATIONS OF SECTION 504 AND AMERICANS WITH DISABILITIES ACT (ADA)

SECTION 1-8: NONDISCRIMINATION

Disability Group _____	1-8-1
Age _____	1-8-2
Residence _____	1-8-3

SECTION 1-9: IDENTIFICATION AND VERIFICATION

SECTION 1-10: REPOSSESSION, STORAGE, AND DISPOSAL OF EQUIPMENT

SECTION 1-11: INVOICE PROCESSING

SECTION 1-12: VR/IL CONCURRENT RECORDS OF SERVICE

SECTION 1-13: CLIENT SIGNATURES

SECTION 1-14: IMPREST CASH FUND

SECTION 1-15: VENDOR REVIEW AND CERTIFICATION

General Provisions _____	1-15-1
Medical Specialists _____	1-15-2
Psychologists _____	1-15-3
Prosthetics and Orthotics _____	1-15-4
Dentists _____	1-15-5
Day Care _____	1-15-6
Hearing Aid Vendors _____	1-15-7
Speech and Language Pathologists and Audiologists _____	1-15-8
Chiropractors _____	1-15-9
Occupational Therapists _____	1-15-10
Physical Therapists _____	1-15-11
Optometrists _____	1-15-12
Opticians _____	1-15-13
Podiatrists _____	1-15-14
Massage and Bodywork Therapists _____	1-15-15
Acupuncturists _____	1-15-16
Standards for Community Rehabilitation Programs _____	1-15-17
Sign Language Interpreters _____	1-15-18
Standards for Training Vendors _____	1-15-19

SECTION 1-16: MEDICAL CONSULTATION

SECTION 1-17: CASE SERVICE AUTHORIZATIONS

SECTION 1-18: SUBROGATION RIGHTS: ASSIGNMENT OF REIMBURSEMENT

SECTION 1-19: WAGE AND HOUR RESPONSIBILITIES

SECTION 1-20: UNIT MANAGER/FACILITY DIRECTOR APPROVAL

SECTION 1-21: CLIENT INFORMED CHOICE

CHAPTER TWO: NATURE AND SCOPE OF SERVICES

SECTION 2-1: NATURE OF SERVICES

SECTION 2-2: SCOPE OF SERVICES

Substantial Services_____	2-2-1
Policy Exceptions _____	2-2-2
Timeliness of Services_____	2-2-3

SECTION 2-3: CORE VOCATIONAL REHABILITATION SERVICES

SECTION 2-4: ACADEMIC SUPPORT SERVICES

Tutors_____	2-4-1
Note Takers_____	2-4-2

SECTION 2-5: ASSISTIVE DEVICES/EQUIPMENT

Purchase of Equipment_____	2-5-1
Computers _____	2-5-2
Durable Medical Equipment_____	2-5-3
Procedures to Purchase Durable Medical Equipment _____	2-5-4
Telecommunicative Devices_____	2-5-5
Procedures to Purchase Other Equipment _____	2-5-6
Equipment Repairs_____	2-5-7

SECTION 2-6: COMMUNICATION SERVICES

Foreign Language_____	2-6-1
Interpreting Services (Sign Language and Oral)_____	2-6-2
Reader Services_____	2-6-3

SECTION 2-7: COUNSELING AND GUIDANCE

SECTION 2-8: DAY CARE

SECTION 2-9: DRIVER'S EVALUATION AND TRAINING

SECTION 2-10: INFORMATION AND REFERRAL

SECTION 2-11: JOB RELATED SERVICES

Implications for Section 504 and ADA _____	2-11-1
--	--------

SECTION 2-12: MAINTENANCE

SECTION 2-13: MENTAL RESTORATION

Psychotherapy_____	2-13-1
--------------------	--------

SECTION 2-14: OTHER GOODS AND SERVICES

SECTION 2-15: PERSONAL ASSISTANCE SERVICES

Vocational Rehabilitation Program_____	2-15-1
Suspension and Termination from PAS _____	2-15-2

SECTION 2-16: PHYSICAL RESTORATION

Morbid Obesity – Medically Managed Wt. Loss Programs and Surgical Intervention	2-16-1
Hearing Aids	2-16-2
Orthotics	2-16-3
Prosthetics	2-16-4
Podiatry	2-16-5
Visual Services	2-16-6
Chiropractic Services	2-16-7
Hospitalization (Diagnostic, Inpatient and Outpatient)	2-16-8
Drugs and Medical Supplies (Prescription and Non-Prescription)	2-16-9
Dental Services	2-16-10
Home Health	2-16-11
Speech Therapy	2-16-12
Physical Therapy	2-16-13
Occupational Therapy	2-16-14
Physical Capacity Assessment (PCA)/Functional Capacity Evaluation (FCE)	2-16-15

SECTION 2-17: REHABILITATION TECHNOLOGY

Rehabilitation Engineering	2-17-1
Assistive Technology Devices	2-17-2
Assistive Technology Services	2-17-3

SECTION 2-18: MODIFICATIONS

Residence Modifications	2-18-1
Vehicle Modifications	2-18-2
Worksite Modifications	2-18-3

SECTION 2-19: SERVICES TO FAMILY MEMBERS

SECTION 2-20: TRAINING

Postsecondary Training	2-20-1
Vocational Training	2-20-2
College and University Training	2-20-3
Graduate Training	2-20-4
Out-of-State Training	2-20-5
Preparatory School	2-20-6
Academic Standards	2-20-7
Retraining	2-20-8
On-The-Job Training (OJT)	2-20-9
Internships	2-20-10
Work Adjustment Training	2-20-11
Work Adjustment Job Coaching	2-20-12
Supported Employment	2-20-13
Employment Marketing Skills (Job Seeking Skills)	2-20-14
Transition Services from School to Work	2-20-15
Special Programs for Students with Hearing Loss	2-20-16

SECTION 2-21: TRANSPORTATION

Public Conveyance_____	2-21-1
Private Conveyance_____	2-21-2
Personal Care Assistants and Escorts_____	2-21-3
Permanent Relocation and Moving Expenses_____	2-21-4
Ambulance Services_____	2-21-5

SECTION 2-22: VEHICLES

Purchases_____	2-22-1
Insurance_____	2-22-2
Repairs_____	2-22-3

SECTION 2-23: VOCATIONAL EVALUATION

Community Rehabilitation Programs_____	2-23-1
VR Unit Office_____	2-23-2
Community Based Assessment._____	2-23-3
Community Based Assessment Provided Directly by VR Staff_____	2-23-4
Community Based Assessment for Transition Services_____	2-23-5

CHAPTER THREE - PRELIMINARY ASSESSMENT

SECTION 3-1: TIMELINES FOR ELIGIBILITY DETERMINATION

SECTION 3-2: USE OF EXISTING INFORMATION

SECTION 3-3: TRIAL WORK EXPERIENCES AND EXTENDED EVALUATION

Trial Work Experiences_____	3-3-1
Extended Evaluation_____	3-3-2
Trial Work/Extended Evaluation Plan_____	3-3-3

SECTION 3-4: CASE STATUS CODES AND DEFINITIONS

Independent Living Program_____	3-4-1
Vocational Rehabilitation Program_____	3-4-2

SECTION 3-5: REFERRAL AND APPLICATION PROCESS

Availability for Services_____	3-5-1
Referrals_____	3-5-2
Timeliness of Application Process_____	3-5-3
Procedures to Enter Applicant Status_____	3-5-4
Procedures to Exit Applicant Status_____	3-5-5

SECTION 3-6: DETERMINATION OF IMPAIRMENTS

Physical Conditions_____	3-6-1
--------------------------	-------

Temporary Medical Conditions Which Are Not Eligible _____	3-6-2
Eligibility for VR Services Based Upon a Physical Disability _____	3-6-3
Sponsorship of Medical Diagnostic Services for Purposes of Determining Eligibility for VR Services _____	3-6-4
Psychological/Psychiatric Conditions _____	3-6-5
Shelf Life _____	3-6-6
Special Conditions _____	3-6-7

SECTION 3-7: ELIGIBILITY FOR INDEPENDENT LIVING

Eligibility Criteria _____	3-7-1
Significant Disability _____	3-7-2
Functional Improvement _____	3-7-3
Presumption of Eligibility _____	3-7-4
Record of Service Documentation _____	3-7-5

SECTION 3-8: PRIORITY OF SERVICES FOR THE IL PROGRAM

SECTION 3-9: ELIGIBILITY FOR VOCATIONAL REHABILITATION

Eligibility Requirements _____	3-9-1
Determination of Impediments _____	3-9-2
Presumption of Benefit _____	3-9-3
Requires Vocational Rehabilitation Services _____	3-9-4
Presumption of Eligibility _____	3-9-5
Record of Service Documentation _____	3-9-6
Significant Disability/Most Significant Disability Documentation _____	3-9-7

SECTION 3-10: ORDER OF SELECTION FOR SERVICES FOR THE VR PROGRAM

Definitions _____	3-10-1
Vocational Rehabilitation Order of Selection _____	3-10-2

SECTION 3-11: FINANCIAL NEED AND CLIENT RESOURCES

Financial Statement _____	3-11-1
SSI and SSDI Recipients _____	3-11-2
Comparable Benefits _____	3-11-3

CHAPTER FOUR – VOCATIONAL REHABILITATION COMPREHENSIVE ASSESSMENT

SECTION 4-1: TIMELINESS OF THE COMPREHENSIVE ASSESSMENT

SECTION 4-2: COMPREHENSIVE ASSESSMENT – GENERAL GUIDELINES

Comprehensive Assessment and Presumption of Eligibility _____	4-2-1
Types of Assessment Information and Methods for Determining Rehabilitation Needs _____	4-2-2
Record of Service Documentation _____	4-2-3

CHAPTER FIVE - REHABILITATION PROGRAM

SECTION 5-1: IPE GENERAL INFORMATION

Options_____	5-1-1
Signatures_____	5-1-2
IPE Implementation_____	5-1-3
Progress Review_____	5-1-4
Annual Reviews_____	5-1-5
Amendments_____	5-1-6

SECTION 5-2: DEVELOPMENT OF THE IPE

My Job Choice_____	5-2-1
I Expect to Achieve My Job Choice By _____	5-2-2
Services_____	5-2-3
Responsibilities_____	5-2-4
Anticipated Services Following Successful Outcome _____	5-2-5
Integrated Setting and Informed Choice _____	5-2-6
IEP/ITP Coordination_____	5-2-7
Supported Employment _____	5-2-8

CHAPTER SIX - RECORD OF SERVICE OUTCOMES

SECTION 6-1: SUCCESSFUL EMPLOYMENT OUTCOME AFTER IPE COMPLETION - CASE STATUS CODE 26

Closure Standards_____	6-1-1
Client Notification_____	6-1-2
Record of Service Documentation_____	6-1-3

SECTION 6-2: OUTCOMES IN CASE STATUS CODES 08, 28, 30 AND 38

SECTION 6-3: OUTCOME DURING PRELIMINARY ASSESSMENT - CASE STATUS CODE 08 FROM CASE STATUS CODE 02

Closure Standards_____	6-3-1
Client Notification_____	6-3-2
Record of Service Documentation _____	6-3-3

SECTION 6-4: OUTCOME PRIOR TO IMPLEMENTATION OF THE IPE - CASE STATUS CODE 30

Closure Standards _____	6-4-1
Client Notification_____	6-4-2
Record of Service Documentation_____	6-4-3

SECTION 6-5: CLOSURE AFTER IMPLEMENTATION OF THE IPE - CASE STATUS CODE 28

Closure Standards_____	6-5-1
------------------------	-------

Client Notification_____	6-5-2
Record of Service Documentation_____	6-5-3

SECTION 6-6: OUTCOMES FROM PRE-SERVICE LISTING - CASE STATUS CODE 38

Closure Standards_____	6-6-1
Client Notification_____	6-6-2
Record of Service Documentation_____	6-6-3

CHAPTER SEVEN - POST EMPLOYMENT SERVICES

SECTION 7-1: POST EMPLOYMENT SERVICES - CASE STATUS CODE 32

Procedure to Enter Post Employment Services _____	7-1-1
IPE for Post Employment Services _____	7-1-2
Procedure to Exit Post Employment Services _____	7-1-3

CHAPTER EIGHT - COMMUNITY REHABILITATION PROGRAMS

SECTION 8-1: ABSENCES

SECTION 8-2: ADULT DEVELOPMENTAL VOCATIONAL PROGRAM (ADVP)

Referral from VR to ADVP_____	8-2-1
Referral from ADVP to VR_____	8-2-2
Supported Employment for ADVP Clients _____	8-2-3

SECTION 8-3: SUPPORTED EMPLOYMENT PROGRAMS

Individual Authorization Payment System_____	8-3-1
Outcome-Based Performance Payment System _____	8-3-2

SECTION 8-4: VOCATIONAL EVALUATION, WORK ADJUSTMENT/ WORK ADJUSTMENT JOB COACHING PROGRAMS

Individual Authorization Payment System_____	8-4-1
Outcome-Based Payment System _____	8-4-2

SECTION 8-5: PROGRAM UTILIZATION REPORT

APPENDIX

- Attention Deficit/Hyperactivity Disorder
- Auxiliary Aids and Services
- Blind and Visually Impaired
- Borderline Intellectual Function
- Caramore Community, Inc.
- Chronic Fatigue Syndrome (CFS)
- Chronic Pain
- Cochlear Implants
- Computer Purchase Request for Post Secondary Training (DVR-0309)
- Dental Impairments
- Disabling Condition
- Driver Evaluation and Training Services: Procedures for Obtaining Driver Evaluations When Adaptive Driving Equipment is Involved
- Durable Medical Equipment: Purchase Chart A
- Durable Medical Equipment: Purchase Chart B
- Hearing Disabilities
- HIV/AIDS
- Impediments to Employment
- Intellectual Disability
- Learning Disability
- Louisburg College Learning Partners
- North Carolina Division of Vocational Rehabilitation Prescription Narcotic Pain Medication Contract
- PUR
- Referral – Script
- Rehabilitation Counselor II (RCII) Process
- Substance Abuse
- Supported Employment Definitions
- SUR
- Ticket to Work (TTW)

INDEX

MANUAL INTRODUCTION

All policies stated in this manual are effective January 1, 1996 and replace policy and procedural information issued for Volume I and Volume VIII prior to this date. Subsequent revisions of this Volume will have a revision date.

This manual is divided into chapters based on the rehabilitation process of the Vocational Rehabilitation Program (VR) of the North Carolina Division of Vocational Rehabilitation Services. Each chapter is divided into sections with many sections further divided into subsections. Each chapter, section and subsection is numbered to provide for easy location of specific topics. Additionally, a Table of Contents and an Index identifying the location of each topic is provided.

An APPENDIX is also provided which gives the reader general information and guidance on topics supporting the rehabilitation process.

CHARGE AND PURPOSE OF THE NORTH CAROLINA DIVISION OF VOCATIONAL REHABILITATION SERVICES

Our Charge:

North Carolinians with disabilities will live and work in the communities of their choice with economic and other supports available to help them achieve and maintain optimal self-sufficiency and independence.

Our Purpose:

To promote employment and independence for people with disabilities through customer partnership and community leadership.

CHAPTER ONE: PROGRAM ADMINISTRATION

Section 1-1: Introduction

Enabling Legislation

Federal Legislation and Administration

Title I and Chapter I of Title VII of the Rehabilitation Act of 1973, Public Law 93-112, as amended by Public Laws 93-516, 95-602, 98-221, 99-506, 100-630, and 102-569.

The Vocational Rehabilitation Program and the Independent Living Program are administered by the Rehabilitation Services Administration in the U. S. Department of Education.

State Legislation and Administration

N. C. General Statutes 143-545A and 143-546A.

The Department of Health and Human Services is required to establish and operate these programs under the administration of the Division of Vocational Rehabilitation Services in collaboration with the Division of Services for the Blind which conducts Vocational Rehabilitation and Independent Living programs for individuals who are blind or visually impaired under Chapter III of the General Statutes.

State Plans

To be eligible to receive Federal funds for its programs, the State must have a State Plan for Vocational Rehabilitation Services, with a Supplement for Supported Employment Services, and a State Plan for Independent Living that meet Federal requirements.

[The Rehabilitation Act of 1973 (P.L. 93-112) as amended through 1998; G.S. 143-545.1]

1-1-1: Policy Development and Consultation

The Division of Vocational Rehabilitation Services shall seek and consider, in connection with general policy development and implementation, the views of:

- A. Current and former clients or, as appropriate, their parents, guardians or other representatives;
- B. Providers of vocational rehabilitation and independent living services;

- C. The State Rehabilitation Council;
- D. The Statewide Independent Living Council;
- E. Representatives of business and industry and other employers;
- F. Numerous advocacy and consumer organizations;
- G. Other councils, commissions, associations, agencies, and departments concerned with issues related to individuals with disabilities; AND
- H. Committees representing counselors, members of the regional rehabilitation centers, and other professional groups.

Implementation of this policy shall involve the use of numerous mechanisms to seek such views including, but not limited to, the following:

- STATE AND STRATEGIC PLAN PUBLIC MEETINGS throughout the State, after appropriate and sufficient notice (usually thirty days), to allow interested individuals and groups an opportunity to comment on the Vocational Rehabilitation and Independent Living State Plans and the Division's Strategic Plan and to participate in the formulation of policies governing the provision of service established through these plans as required by the Federal Vocational Rehabilitation Law.
- PUBLIC RULE-MAKING HEARINGS which are required by the State's Administrative Procedure Act, G.S. 150B; prior to the adoption of policies or procedures that affect the public and that are not already established in either State or Federal laws or rules. These rule-making hearings involve a lengthy process requiring 30-day notices, submission and analysis of the fiscal impact of policies by the Office of State Budget and Management, review by the Governor's Office, an Administrative Rules Review Committee, and the Joint Legislative Administrative Procedures Oversight Committee. This law also provides legal avenues for court review of statutory authority for policies and procedural safeguards for the public.
- ADVICE FROM THE VOCATIONAL REHABILITATION ADVISORY COUNCIL: Both Federal and State law require regular consultation with this Council regarding the Vocational Rehabilitation State Plan, the Strategic Plan, and other policies and procedures of general applicability pertaining to the provision of Vocational Rehabilitation services in the State. This council is established under both Federal and State laws. Members are appointed by the Governor, the President Pro-Tempore of the Senate, and the Speaker of the House and represent a broad cross-section of individuals and entities including those with disabilities, service providers, business and industry, labor, parent training and information centers, the Independent Living Council, the Client Assistance Program, and clients. A majority of the members must be individuals with disabilities.
- INVOLVEMENT OF THE CLIENT ASSISTANCE PROGRAM (CAP) in

policy development: The Director of CAP is a member of the Division's Management Team and has the opportunity to participate in initial discussions as policy is being developed. In addition, the Director is a member of the State Rehabilitation Council and regularly attends meetings of the Statewide Independent Living Council; thus representing client interests in policy development through these two bodies as well as public hearings. CAP is also able, through its involvement in the Division's administrative review/appeals process, to identify problematic policy issues and call these to the attention of the Division Director.

- **CONDUCTING FOCUS GROUPS:** These groups offer a means to assure stakeholders participation in policy development; particularly in identifying areas of concern related to existing or needed policies. Focus groups are conducted under the direction of local unit offices and represent grass-roots involvement in policy development.
- **DIRECTOR'S INFORMAL CONSULTATION WITH CONSUMER AND ADVOCACY GROUPS:** The Division Director periodically holds informal meetings with leaders of various consumer and advocacy groups to solicit their concerns about needed policies or policy changes. These meetings usually relate to significant service-delivery issues such as order of selection for services or issues that would be appropriate for the State or Strategic Plans.
- **NORTH CAROLINA ASSOCIATION OF REHABILITATION FACILITIES:** The Division Director or his designee meets with the executive committee of this group (which represents community rehabilitation programs) at their regularly scheduled meetings and occasionally, as the need arises, requests special meetings with them. These meetings provide an opportunity for the group to have input into policy development and change.
- **COUNSELOR ADVISORY COMMITTEE (CAC):** The Counselor Advisory Committee is a group of representatives elected by counselors from all the unit offices and facilities across the State. It meets at least three times a year with the Assistant Director for Program Operations and other supervisory and management staff as appropriate. Ideas, needs, feelings, and client-related issues from the Committee are presented to the Division Director through the Deputy Director. Many of the issues raised by this group result in policy studies and possible changes.
- **CONTACT WITH OTHER ORGANIZATIONS, AGENCIES, ASSOCIATIONS, COUNCILS, AND COMMISSIONS:** The Division maintains formal contact with approximately 50-75 groups other than those specifically described in this policy. In some instances, the Division has formal representation on such bodies. In other instances, information is

routinely exchanged through informal contact, formal correspondence, public hearing notices, and newsletters. The Division has a mailing list of approximately 600 groups and individuals who receive all hearing notices and all proposed rules regarding the two State Plans and the Strategic Plan.

- SPECIAL STUDIES AND SURVEYS are used to solicit direct consumer input that assists in evaluating the Division's delivery of services and the policies guiding that service delivery.
- THE CONSUMER SATISFACTION SURVEY CONDUCTED BY THE STATE REHABILITATION COUNCIL is used to evaluate the effectiveness of, and consumer satisfaction with, rehabilitation services received through the Division's Title I program. Within 60 days, this survey is sent to all clients whose cases were closed after having received services from the general Vocational Rehabilitation program. Review and analysis of these survey results provide information that can assist in evaluating Division policy and implementation of such policy.
- THE POST-CLOSURE FOLLOW-UP STUDY is an ongoing study in which a sample of individuals whose cases were closed successfully are contacted 12 months after their cases are closed. Current work status, earnings, and client views regarding services are assessed by means of a survey form. This information is also useful in evaluating policy and its long-range implications.

[34 C.F.R.361.18; 34 C.F.R.364.20; VR State Plan Section 2.5 b.; I.L. State Plan Section 2.3]

1-1-2: Audit-Federal

The Department of Education requires that State Vocational Rehabilitation Division records, including client files, be retained for three years. Therefore, Federal auditors when auditing the Division, review active client files or records which have been closed for no longer than three years. This said, the Division, by State statute, retains closed case files until notified by the Office of the Controller that cases closed in a specific year are scheduled for disposition. Refer to policy in 1-2-4.

1-1-3: Provision of Services to Employees or to Members of Their Immediate Family

Policy does not prevent rehabilitation services from being provided to an individual with a disability who is an employee or relative of an employee. Counselors should not complete Division documents or issue authorizations for any services for a family member, relative, or division employee without following

the requirements set forth in this policy.

An immediate family member is defined as an employee's spouse, parent, sibling, child, grandparent, grandchild, aunt, uncle, and first cousins by either blood or marriage. Step and in-law relationships within these categories are also included as are others who may be living in the same household but unrelated. An employee is defined as anyone currently on the Division's payroll.

In the instance of an employee's family member or an employee, a neutral counselor or supervisor, working in a different unit office from the family member or employee, shall be asked to complete the preliminary assessment and forward such to the Regional Director who will make the eligibility decision and complete the VR Eligibility Decision. The Regional Director will then appoint a neutral counselor, working in a different unit office from the family member or employee, to develop the rehabilitation program and provide services.

1-1-4: Transportation of Clients-Liability

A Division employee who has a motor vehicle accident while transporting a client in the employee's personal vehicle and injures the client is wholly liable; if the Division employee is found negligent. Even though the individual is a State employee and is engaged in State business at the time, this fact does not alter the liability issue.

If the client sustains injury while being transported in a State owned vehicle, and the Division employee is found negligent, liability insurance carried by the State would be available to help satisfy any allowed claim. Allowed claims in excess of State provided coverage become the employee's responsibility. Unless an employee's own insurance policy contains special provisions to cover such, it is our understanding that liability insurance carried by the Division employee would not offer coverage when an accident involves a State owned vehicle.

When authorizing a third party to provide transportation for our clients, the counselor should confirm that the individual authorized has a valid driver's license; unless a commercially licensed person or firm is the authorized carrier.

Should a Division employee be involved in any accident on the job which involves a client and/or a State owned vehicle, the employee's supervisor or the state office should be immediately notified.

[Attorney General Ruling]

Section 1-2: Records Management

All Division records of service must be maintained in a neat and orderly fashion which allows easy access to information regarding the client. Client records must be stored in locked file cabinets in each office and should not be removed from the office unless great care is taken to assure confidentiality of client information and should not be left unattended.

1-2-1: Record of Service Transfers

The transfer of client records of service should occur when another counselor is in a better position to develop or continue the rehabilitation program. Records should be transferred on the following conditions:

- A. When an applicant/client has permanently located in a geographical area not served by the original counselor and a substantial amount of time is required to develop or complete the rehabilitation program;
- B. When the applicant/client could best be served by a specialized counselor in the same geographical area and if it is in the client's best interest;
- C. When a client is being discharged from a facility and the facility does not have an assigned counselor to ensure completion of the rehabilitation process; OR
- D. At client request and management discretion, a client's record may be transferred to another counselor when communication and rapport between a client and counselor is not at a level appropriate to assure successful completion of the rehabilitation program.

1-2-2: Responsibilities of the Transferring Counselor

The transferring counselor should communicate with the receiving counselor to acquaint the counselor with the client and:

- 1. Ensure the case record is in proper order and complete for the current phase of the client's rehabilitation process. Records should be up-to-date regarding the client's address, telephone number and contacts.
- 2. Notify the client of the pending transfer. This should be done via letter with a copy maintained in the client record. The letter should include the receiving counselor's name, address and telephone number.
- 3. VR program staff should make the appropriate changes via on-line data.
- 4. Transfer the case record within five days of the date of client notification.

1-2-3: Responsibilities of the Receiving Counselor

- 1. Transferred client records and clients must always be accepted. If casework deficiencies are noted, the receiving counselor will assume the responsibility for assuring the problems are corrected. Counselors should

- staff the case with their Unit Manager/Facility Director and proceed as indicated.
2. Arrange to meet the client as soon as possible; but within thirty days after an accurate up-to-date case record has been received.
 3. When the client is being discharged from a rehabilitation center or facility, the receiving counselor should ideally plan to meet or speak with the client prior to the client's discharge.
 4. Respond to any written queries regarding the client from the transferring counselor.
 5. If appropriate, provide feedback to transferring counselor at time of case closure. A copy of the closure IPE will suffice for feedback purposes. A letter is sufficient for records closed prior to the development of the IPE.

[34 CFR 361.39]

1-2-4: Retention/Disposal of Records of Service

The Department of Health and Human Services and State Department of Cultural Resources, Division of Archives and History have agreed to a schedule for retention and disposition of records for the Division of Vocational Rehabilitation Services.

A predefined period of time cannot be used as a record disposition date. Staff will receive the schedule for purging and destroying records on a semiannual basis from the Chief of Policy. Records must be retained in the office until notification that records closed during a specific year are scheduled for disposition. In addition, all records with litigation, appeals, and financial or other local issues pending when disposition is scheduled must be retained until those issues are completely resolved. The following records are subject to the schedule of retention and disposition provided by the Office of the Controller:

ACTIVE RECORDS OF SERVICE: Includes referral information, client data sheets, client survey forms, authorizations, eligibility/ineligibility decision, rehabilitation plans and amendments, financial statements, medical reports, case notes, and related documents and correspondence. Remove the record of service from active files once the record has been closed.

CLOSED RECORDS OF SERVICE: Includes case records closed from any status.

INELIGIBLE RECORDS OF SERVICE: Included in this category are those records of individuals who were not accepted for services.

PURCHASE ORDERS AND INVOICES

In addition, please retain and dispose of the following records as follows:

- CLIENT MASTER LIST: Keep in office two years, and then destroy.
- GENERAL OFFICE FILES: Includes applications for employment, personnel files, general memoranda, equipment inventory lists, purchase orders and invoices for supplies and equipment. These files should be arranged alphabetically by subject.
- EQUIPMENT INVENTORY LISTS AND GENERAL MEMORANDA: Keep until obsolete, and then destroy.

[Chapter 121 and 132 of the General Statutes of North Carolina]

Revised 02-19-04

1-2-5: Annual Review of Closed Records of Service

The Division is required by Federal law and regulations to conduct periodic reviews of certain categories of ineligibility determinations for applicants and clients. The review of ineligibility determinations applies to applicants and clients who were determined ineligible, on the basis of assessments, which indicated they could not be expected to reach the rehabilitation goal due to the severity of the disability or unfavorable medical prognosis. The following policies apply as appropriate in the respective instances:

Client's Record Of Service Closed As Ineligible Due To Unfavorable Medical Prognosis Or Disability Too Severe

Clients closed as ineligible in case status code 08, 28, or 30 because the disability is too severe or there is an unfavorable medical prognosis (reason code 2) will be reviewed within 12 months to determine if circumstances resulting in the ineligibility decision have changed to the degree that the decision can be reversed. State office staff for the VR program will automatically conduct this initial review. Subsequent reviews will be conducted only upon request of the individual.

The Program Policy, Planning and Evaluation Section will mail a letter during the ninth month following the date of closure informing the individual of their right to a review. This letter will also explain why the record was closed. A copy of this letter will be forwarded to the counselor currently serving the caseload from which the individual was closed. This letter is designed to provide the individual with a clear understanding of, and an opportunity for, review.

The letter will explain:

- A. The Division's review responsibility;
- B. That if the individual feels employment is now or in the near future a possibility, then the individual should contact the

- counselor/office noted in the correspondence; AND
- C. That if the individual is uncertain of the future, contact in subsequent years may be requested.

If the individual does not respond by the thirteenth month after closure, then the following options are available:

- A. If the letter is returned (i.e., moved - no forwarding address; occupant unknown, etc.) the Division will have made a reasonable attempt to provide the initial review and the individual's name will be dropped from any future follow-up list. Upon receipt of the returned letter from the postal service, the Planning and Evaluation Services Section will send the letter to the counselor. The letter will be filed in the individual's case record. OR
- B. If the individual fails to make contact by the thirteenth month, the individual will be dropped from the list for future contact. The counselor shall document on the copy of the letter that no contact occurred and file the letter in the record of service.

If the individual makes contact, the counselor should respond and interview the individual and provide the assessments necessary to make a determination of eligibility based on current data. The individual's other option would be to request a review the following year. Should either of these situations occur, the counselor must note at the bottom of the file copy of the letter one of the following:

- *Contact - case record requires no further consideration.*
- *Contact - case placed in 02 and subsequently placed in, 10 as appropriate). Counselor should identify the previous and new VR number.*
- *Contact - case placed in 02 and not accepted (closed 08).*
- *Counselor should identify the old and new VR number.*
- *Contact - individual unable to participate in a rehabilitation program leading to work - requests follow-up next year. (This will automatically establish a review the following year.)*

Additionally, the VR counselor should notify the Statistical Assistant, Planning and Evaluation section of the disposition of the review. The copy of the letter should be filed in the new record. This step is very important in that it allows the Division to document compliance with the Act.

The situation may arise when a record of service was closed 08, 28, or 30, for reason code 2 but is later referred or otherwise opened. The counselor must notify the above referenced statistical assistant providing the previous closure date and code. This mechanism will prevent a follow-up letter being mailed during subsequent reviews.

1-2-6: Annual Verification of Records Service

Each year the Regional Director will coordinate a "hands-on" comparison of the *Client Master List* with client records in each unit. This includes inactive and active records of service based on the *Client Master List*. The Regional Director will report to the Chief of Policy by August 31 the results of the review. Every effort should be made to account for misplaced client records of service. Lost records of service should be reported to the Chief of Policy for reconstruction purposes.

[34 CFR 361.39 and 34 CFR 361.49]

Section 1-3: Confidentiality of Records

All Division records of service will be maintained in a confidential manner as described in this section.

1-3-1: General Provisions

The Division, through its units and facilities, shall maintain a record on all clients receiving services from the Division. All records shall be of a confidential nature and shall not be made available to the general public. Except as required or allowed in this policy, no information obtained concerning a client served by the Division may be disclosed by the Division without the consent of that individual. The Division will not contract with vendors who require, as a condition of admission, the disclosure of health or disability information which is not necessary to achieve health, safety, or programmatic objectives. For example, residential programs are not legally seen as settings that should require HIV disease related information for health and safety reasons. In situations when such disclosure is necessary, the Division will require that the vendor have in place policies which assure that such information will be used and disclosed only as necessary to achieve those purposes. If the information concerns a minor, the consent of a parent or guardian must also be obtained. After a client has reached the age of 18 years, the records of that individual may be disclosed only with the consent of that individual, or, if the client is incompetent, the client's guardian. Furthermore, whenever consent or action is required of a client, the client's representative, if properly authorized, may give such consent or take such action.

Except as provided in this policy, each Division client shall have full access to all records which contain information regarding the individual. A parent or guardian of a minor shall also have full access to the information contained in the records of that minor. All clients, representatives, service providers, cooperating agencies, and interested persons shall be informed of the confidentiality of client personal information and the conditions for accessing and releasing this information.

All applicants/clients or their representatives must be informed about the Division's need to collect personal information and the policies governing its use. The Division shall inform clients of the following:

- A. Identification of the Rehabilitation Act as the authority under which information is collected;
- B. The principal purposes for which the Division intends to use or release the information;
- C. That the individual's provision of any information is mandatory if such information is necessary to determine eligibility, to plan rehabilitation goals, objectives, and services, and to accomplish the rehabilitation program. Failure to provide such information will result in delay or denial of services. Information which is not crucial or pertinent to the rehabilitation program would be deemed voluntary and would not affect provision of services if not provided by the client;
- D. Identification of other agencies to whom information may be released along with the types of information so released; AND
- E. Of those situations when the Division requires or does not require informed written consent of the client before information may be released.

All explanations to applicants/clients and their representatives about policies and procedures affecting confidential information must be in the individual's primary language or must be through appropriate modes of communication for those individuals who rely on special modes of communication.

All confidential information acquired by the Division is the property of the Division and shall remain so, and all contracts, grants, agreements, and other documents entered into by the Division shall so provide. The Division shall maintain in its records only such information about a client as is relevant and necessary to accomplish any purpose of the Division required by statute or rule. No information in the case record shall be removed, destroyed, or altered for purposes of avoiding compliance with this policy. Whenever the Division makes a disclosure to any person or entity other than the client, the disclosed material shall be stamped with a *CONFIDENTIAL INFORMATION* stamp or accompanied by a letter containing the following statement: *THIS IS CONFIDENTIAL INFORMATION FROM THE RECORDS OF THE NORTH CAROLINA DIVISION OF VOCATIONAL REHABILITATION SERVICES. FEDERAL LAW AND REGULATIONS PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE INFORMED WRITTEN CONSENT OF THE CLIENT TO WHOM THIS INFORMATION PERTAINS.*

The original file may not be removed from the control of the Division, but must be viewed in the office in the presence of a Division staff member. All other responses to requests requiring personal information shall be provided through photocopies. There will be no charge for the sharing of copies to individuals,

agencies or organizations which require copies for the benefit of the client's rehabilitation program. Otherwise, photocopies are \$.25 per page.

A client may submit a written request to add, delete, or amend information contained in the case record. The Unit Manager/Facility Director shall make a decision whether to amend the record. If the record is to be amended, the Division shall:

- A. Amend any portion of the record which is not accurate, relevant, timely, or complete by making appropriate notations on the record; OR
- B. Insert corrective material into the file.

If the decision is made not to amend the record, the Division shall inform the client in writing of the decision, the reason for such decision, and the procedures for the client placing statements into the record.

1-3-2: Requests for Client Information

All requests for information shall be in writing. The consent for disclosure shall contain:

- A. The name of the client;
- B. The name or title of the person or organization to whom the disclosure is to be made;
- C. The extent or nature of the information to be disclosed;
- D. A statement that the consent is subject to revocation at any time;
- E. The date on which the consent is signed; AND
- F. The signature of the client.

When a requested record has been identified and is available, the Division shall notify the party requesting the information as to where and when the record is available for inspection or that copies will be available and will be sent by mail. The notification shall also advise the requesting party of any applicable fees.

If a requested record cannot be released or located from the information supplied or is known to have been destroyed or otherwise disposed of, the party requesting the information shall be so notified. A response denying a written request for a record shall be in writing and shall include:

- A. The identity of the person responsible for the denial; AND
- B. A reference to the specific law or regulations authorizing withholding of the record with a brief explanation of how the regulations or law applies to the information being withheld.

When confidential information is released or release is denied, the counselor releasing it or denying the release shall place an entry in the Case Notes stating:

- A. The name of the person to whom it was given or by who requested, if the request is denied;
- B. The date the information was released;
- C. The documents released or reviewed; AND
- D. The reason for such release or denial.

Disability Determination Section

Regulations of the Social Security Disability Insurance Beneficiaries and Supplemental Security Income program authorize the disclosure of information about the claimant by the Disability Determination Section and the Social Security Administration. Likewise, the regulations authorize this Division to disclose client information to these parties for the purpose of disability determination; which includes the appeals process when claimants are denied benefits. During the application process for these benefits, the claimant must authorize the Disability Determination Section and the Social Security Administration to collect any medical records or other information about the disability from physicians, hospitals, agencies, or other organizations. This signed release by the client meets the requirements set forth in the Division policy, and authorizes the counselor, when requested by the Disability Determination Section or the Social Security Administration, to forward copies of medical records or other information about the client's disability for the purposes of disability determination. Counselors are authorized to release information to the Disability Determination Section upon written or oral request. If the request is oral, counselors should note in the Case Notes the date of the request, the information being requested, and the name of the individual making the request. Re-disclosing confidential information obtained from Disability Determination Section and from the Social Security Administration is permitted with client consent.

1-3-3: Release of Confidential Information *With* the Consent of the Client

When the client requests release to another individual, Division or organization, the Division upon receiving the informed written consent of the client, shall release to such other individual, Division or organization for its program purposes only that information which may be released to the client, and only to the extent that the other individual, Division or organization demonstrates that the information requested is necessary for its program. Information which is determined by the Division to be harmful to the client shall be released only when the other individual, agency, or organization assures the Division that the information will be used only for purposes for which it is being provided and will not be further released to the client. When a client requests release of confidential information to the client, parent, guardian, or representative, all confidential information contained in the client's file may be inspected and copied

with the exceptions as noted below:

- On rare occasions, certain information obtained from another organization is restricted from further re-disclosure. Such information is generally so marked and the Division will honor such restrictions by directing the client to the original source. (Most agencies and organizations, including the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the Social Security Administration, permit re-disclosure with client consent).
- Any information including medical or psychological information, which, in the judgment of the counselor may be harmful to the client, may not be released to the client. If the client is a minor, it may be released to the client's parent, guardian, representative, or to a physician or licensed psychologist. Some information is so sensitive and potentially harmful that the counselor shall seek consultation with the Chief of Policy before responding to the request. When releasing such information, the Division shall caution the party receiving the information that it may be harmful to the client and; therefore, the receiving party is responsible for the use of the information.

1-3-4: Release of Confidential Information Without the Consent of the Client

An employee may, in the course of providing rehabilitation services, disclose confidential information without the consent of the client to other Division employees. The Division may authorize the release of confidential information to an organization, agency, or individual engaged in audit, evaluation, research, only for purposes directly connected with the administration of the program or for purposes which would significantly improve the quality of life for individuals with disabilities. Inquiries of this nature should be directed to the Chief of Policy. Before participating in such activities, the Division will require assurance that:

- A. The information will be used only for the purposes for which it is being provided;
- B. The information will be released only to persons officially connected with the audit, evaluation or research;
- C. The information will not be released to the client;
- D. The information will be managed in a manner to safeguard confidentiality;
AND
- E. The final product will not reveal any personal identifying information without the informed written consent of the client.

The Division may share confidential information on a need-to-know basis with its trainees, interns, and volunteers, who shall be bound by Division policy concerning confidentiality in the same manner as employees.

Confidential information must also be released without consent in the following situations:

- A. In order to protect the client or others when the client poses a threat to his or her safety or to the safety of others;
- B. If required by Federal law;
- C. In response to investigations in connection with law enforcement, fraud, or abuse; AND
- D. In response to judicial order.

Periodically, the Division will receive requests for client information from attorneys in Workers' Compensation cases, who will not present consent for release, but will assert that Workers' Compensation information is not privileged under N. C. Law. G. S. 97-27 does state that information from physicians and surgeons who examine injured workers shall not be privileged. However, the Division must require client consent because Federal law and regulation (*34 CFR 36l.49*) must prevail in this situation.

1-3-5: Subpoenas

An employee who receives a subpoena shall contact the Chief of Policy. A subpoena is either an order to appear and testify at trial or at a deposition or to produce documents (a subpoena duces tecum) at trial or a deposition. The subpoena itself does not obviate or overrule the confidentiality regulations dealing with client records and, therefore, client confidentiality may be invoked when questions are asked about confidential client information. This is applicable to either testimony at trial or production documents at trial or testimony at a deposition. In the case of the former, the judge would decide on the spot whether to order the testimony or production; and if an employee is so ordered, he or she would be required to testify or produce the documents. In the case of the latter, interposing client confidentiality would require the party to obtain a court order compelling the requested testimony.

Upon receiving a subpoena to appear and testify in court, the employee shall attempt to secure written client consent by informing the client or the attorneys involved of the need for a signed release. The employee shall appear according to the terms of the subpoena. If no client consent has been given, the employee shall inform the court of the requirements of the law and regulations concerning confidentiality and shall testify only upon judicial order. A subpoena to produce documents (subpoena duces tecum) at a deposition raises a different procedural problem. Again, client consent should be pursued; with the attorneys involved being immediately contacted and informed of the need for a signed client release. However, unless an objection to inspection is made in apt time, Rule 45(d) (l) of both the Federal and State Rules of Civil Procedure requires that the documents be produced and permitted to be inspected and copied. Upon receipt

of a subpoena for the production of client information at a deposition, and absent consent of the client, written objection to the production of documents should be served on the attorney or such other person designated in the subpoena. The written objection to production must be served. . . " within 10 days of the service (of the subpoena on the employee, either by personal service or by registered or certified mail) or on or before the time specified in the subpoena for compliance if such time is less than 10 days after service . . ." The written objection to production of documents should read as follows: "Pursuant to Rule 45(d) (1) of the North Carolina Rules of Civil Procedure (Federal Rules of Civil Procedure should be substituted if the action is filed in Federal court), the Division of Vocational Rehabilitation Services, North Carolina Department of Health and Human Services, and the undersigned employee thereof, object to the inspection or copying of the documents designated in the subpoena directed thereto on the grounds that the documents are confidential pursuant to 34 CFR 361.49 (e)(3)." Upon service of the written objection, the employee is relieved of the duty to produce the documents. Thereafter, the burden is on the party issuing the subpoena to obtain a court order to compel production; but only after notice is given to the deponent (employee). The order may be obtained at any time before or during the taking of the disposition. In the vast majority of cases, attorneys are cooperative and generally obtain the proper consent and thereby obviate the need for a judicial order.

On rare occasions, certain information which the Division received from another source may be restricted from further disclosure by the original source. That information is generally so marked when the Division receives it and the Division should honor the restrictions on re-disclosing. The Division should respond to subpoenas for such information by directing the person issuing the subpoena to the original source. If the subpoena requires a court appearance, the employee shall follow the order of the court after drawing the court's attention to the Federal regulations concerning confidentiality.

The employee may testify without client consent about general information concerning the Division, such as services available and eligibility criteria.

[34 CFR 361.49]

Section 1-4: Client Assistance Program (CAP)

The CAP, as mandated by 1984 Amendments to the Rehabilitation Act of 1973, was developed to assist individuals with disabilities in resolving concerns related to accessing rehabilitation services. Services available through CAP include:

- Assistance to consumers in resolving concerns related to the application for and the provision of or denial of services.
- Explanation to consumers of rehabilitation policies and procedures.

- Assistance to consumers in requesting an Administrative Review and/or an Appeals Hearing.
- Provision of legal consultation if required in those cases which reach the Appeals Hearing level of the appeal process (in these cases, CAP is empowered to contract with private attorneys for this service).
- Provision of information/referral services to individuals with disabilities seeking information about independent living, vocational rehabilitation, and other rehabilitation programs.

Each applicant for services must receive *The Agreement of Understanding with the North Carolina Division of Vocational Rehabilitation Services and Applicants for Services* and a CAP brochure. When working with an individual with known or suspected limited reading skills, this information must be thoroughly reviewed to assure full understanding of the CAP.

CAP places a strong emphasis on early intervention and on the use of mediation and negotiation strategies to resolve the consumer's concern as resolution at the local or regional level is desirable whenever possible.

The CAP Director must be notified immediately upon receipt of a consumer request for an Administrative Review and/or an Appeals Hearing. The CAP director is also involved in the review and development of Division policy and procedures.

[34 CFR Parts 76.369, and 76.370]

Section 1-5: Client (and Applicant) Appeals of Division Decisions Including Administrative Reviews and Mediation

The Division provides a procedure through which any individual receiving or applying for services from the Division who is dissatisfied with any determinations made by the Division concerning the provision of services may request a timely review of those determinations. This policy applies to the Independent Living Program as well as to the Vocational Rehabilitation Program. The individual has the right to an appeals hearing before an impartial hearing officer within 45 days of the Division's receipt of a written request for an appeals hearing. The individual also has the option of seeking resolution of the issue through mediation and/or an administrative review prior to an appeals hearing, but these procedures cannot be required. Division staff will assist individuals with their written request for administrative reviews, mediation, or appeals hearings. Assistance with the resolution of their problems is also available through the Client Assistance Program (CAP).

At the time of application for services, when the Individual Plan for Employment (IPE) or Individual Plan for Independent Living (IPIL) is developed, and when

services are being reduced, suspended or terminated, all individuals shall be given written information informing them:

- A. That they have a right to an appeals hearing when they are dissatisfied with any determination(s) made by the Division that affects the provision of services;
- B. That they have the option of seeking resolution of the issue through an administrative review prior to an appeals hearing;
- C. That mediation may be available to resolve their issues if the Division agrees to it;
- D. That the rehabilitation counselor, or other designated staff of the Division will assist them in preparation of the written request for an administrative review, mediation, and/or appeals hearing.
- E. Of the name and address of the appropriate Regional Director to whom the request shall be submitted; AND
- F. That they may receive assistance with the resolution of their problems through the Client Assistance Program (CAP).

The counselor shall review this information with the individual in a manner that is understandable to the individual. The individual's signature on FORM DVR-0004 for VR applicants and FORM ILRP-1001 for IL applicants confirms that this information was provided and explained. All applicants shall be given a copy of this information.

Request For Administrative Review, Mediation And Appeals Hearing

When any applicant for or an individual receiving services wishes to request an administrative review, mediation and an appeals hearing or only an appeals hearing, the individual shall submit a written request to the appropriate Regional Director. The request shall indicate if the individual is requesting an administrative review, mediation, and an appeals hearing to be scheduled concurrently; an administrative review and an appeals hearing to be scheduled concurrently; or only an appeals hearing. The request shall contain the following information:

- A. The name, address and telephone number of the individual; AND
- B. A concise statement of the determination(s) made by the rehabilitation staff for which an administrative review, mediation and/or appeals hearing are being requested and the manner in which the person's rights, duties or privileges have been affected by the determination(s).

The Division shall not suspend, reduce or terminate services being provided to a client under an IPE or an IPIL pending final resolution of the issue through mediation, an administrative review, or an appeals hearing unless the individual or the individual's representative so requests, or the Division has evidence that the services have been obtained through

misrepresentation, fraud, collusion, or criminal conduct on the part of the individual.

Response to Request

- A. Upon receipt of a request for an appeals hearing, the Regional Director shall immediately forward the original request to the Division's Chief of Policy who will arrange for the Coordinator of Rules and Policy Development to provide the individual with information about the possibility of mediation (if mediation has been requested) and appoint a hearing officer to conduct the appeals hearing;
- B. If the individual has requested an administrative review in addition to the appeals hearing, the Regional Director shall:
 - 1. Make a decision to conduct the administrative review or appoint a designee to conduct the administrative review who:
 - (a) Has had no previous involvement in the issues currently in controversy;
 - (b) Can conduct the administrative review in an unbiased way; AND
 - (c) Has a broad working knowledge of the Division's policy, rules, and Federal regulations governing the program, and the State Plan for Vocational Rehabilitation Services or the State Plan for Independent Living Services (as appropriate).

AND

- 2. Proceed with, or direct the designee to proceed with an administrative review according to the provisions of this policy;
- C. The Regional Director shall send the individual written acknowledgment of receipt of the request and inform the individual that additional information will be sent regarding the possibility of mediation (if mediation has been requested) and the administrative review, and/or appeals hearing (See SCHEDULING, NOTICE OF, AND CONDUCTING ADMINISTRATIVE REVIEW below). If this information is available, it can be included in the letter of acknowledgment;

AND

- D. The Regional Director shall provide the Client Assistance Program

(CAP), if assisting the individual with the case, and the Chief of Policy with a copy of the request and the response to the request.

Scheduling, Notice Of, and Conducting Administrative Review

If an administrative review is to be conducted, the Regional Director or designee shall:

1. Set a date, time, and place for the administrative review;
2. Send written notification by certified mail to the applicant or client and the parent(s), guardian, or representative, as appropriate, of the date, time, and place for the administrative review at least five days prior to the administrative review;
3. Advise the applicant or client in the written notice:
 - (a) That additional information will be sent regarding mediation if mediation has been requested;
 - (b) That arrangements will be made for a hearing officer to conduct an appeals hearing if the matter is not resolved in the administrative review or mediation, AND
 - (c) That the applicant or client will also receive a written notice from the hearing officer regarding the formal appeals hearing which will be held after the administrative review and mediation (if mediation is scheduled);

AND

4. Notify the Director of the Client Assistance Program (CAP) and other individuals to be involved in the administrative review of the request and the date, time and place for the administrative review. This notification may be by phone or in writing.

Prior to the administrative review, the Regional Director or designee shall review all previous decisions and casework related to the applicant or client and seek whatever consultation, explanation, documentation, or other information that is deemed necessary, utilizing the Division's CAP Director as appropriate.

The administrative review must be conducted within 15 days of receipt of the original request. Within five working days of the administrative review, the Regional Director or designee shall make a decision and notify the applicant or client and others using the following procedures:

1. Compiling a written report of the administrative review outlining the purposes of the administrative review, the participants, the decision that was reached, and the rationale for the decision;
2. Sending the written report containing the decision to the applicant or client by certified mail with return receipt requested, with a copy

- being placed in the individual's official case record, and copies being forwarded to the Chief of Operations and the CAP Director (if CAP is involved), and
3. Providing instructions to the applicant or client of steps that may be taken in response to the decision and the deadline for the responses.

A form indicating agreement with the decision and requesting that the hearing (and mediation if scheduled) be canceled shall be included for the individual's signature if the individual agrees with the decision. If the individual is satisfied with the decision resulting from the administrative review, the individual shall sign the form and return it to the Regional Director within five days of receipt of the decision. The Regional Director shall inform the Chief of Policy of the request to cancel the hearing immediately and forward the form to the Chief of Operations for submission to the hearing officer. If the Regional Director does not hear from the applicant or client within the five days indicated, it is recommended that the Regional Director contact the applicant or client to verify that the person does understand the procedures and does wish to proceed with the formal appeals hearing.

Administrative Review by Chief of Program Policy, Planning and Evaluation

In situations where the issue currently in dispute involves action taken by the central office of the Division, the Section Chief for Program Policy, Planning, and Evaluation or designee shall be responsible for the duties related to the administrative reviews that are prescribed for the Regional Director in this policy.

Appointment Of Hearing Officer

Upon receipt of the individual's request for an appeals hearing from the Regional Director, the Chief of Policy shall contact the Coordinator of Rules and Policy Development for the appointment of a qualified mediator (if mediation has been agreed upon by the individual and the Division) and an impartial hearing officer. The hearing officer will be selected on a random basis without replacement from the pool of qualified hearing officers who meet the requirements of the Rehabilitation Act and have been approved by the Division and the VR Council. This is done concurrently with the scheduling of an administrative review (if one has been requested) in order to meet the 45-day deadline required by the Rehabilitation Act. [*Effective date of selection of hearing officers on random basis – July 1, 2000 – 10 NCAC 20B .0206.*]

Mediation

The Coordinator of Rules and Policy Development will inform the individual in writing that the issue may be resolved through mediation prior

to the appeals hearing (and usually after the administrative review, if one is scheduled) if both the individual and the Division agree to mediation. The Division Director will make the decision regarding the Division's participation in mediation.

If both parties agree to mediation, the Coordinator will make arrangements for an impartial mediator from the Division's list of qualified mediators to conduct the mediation. (A qualified mediator must be an individual who has been Certified by the N.C. Dispute Resolution Commission or approved by the Mediation Network of North Carolina. The mediator also must be knowledgeable about Vocational Rehabilitation law and regulations.)

The Coordinator will make arrangements for the mediation to be conducted in a location that is convenient to both parties. The mediation will be scheduled so that the appeals hearing can be conducted within the required 45-day time frame if possible. If this schedule is not possible, the appeals hearing may be delayed if both parties sign a written agreement for a specific extension of time. The Coordinator will send both parties written confirmation of the mediation: the time and place, the mediator's name, and any instructions relating to the process.

Both parties will sign a statement prior to the mediation agreeing to keep all discussions occurring during the mediation confidential. If an agreement is reached during the mediation, it must be in writing and signed by both parties. The written agreement may be submitted as documentation during the appeals hearing and any subsequent court actions. However, discussions, proposed settlements, and other information not reflected in the mediation agreement must be kept confidential, but evidence that is otherwise discoverable shall not be inadmissible merely because it is presented or discussed during mediation.

The Division will pay for the expenses involved in the mediation process.

Scheduling and Notice of Formal Appeals Hearing

The hearing officer shall schedule the formal appeals hearing to be held within 45 days of the original request by the individual. The hearing officer shall provide the individual and the Division written notice of the date, time and place of the hearing and the issue(s) to be considered at least 10 days prior to the hearing. A copy of the notice shall also be sent to CAP if CAP is assisting the individual. The notice shall state:

- A. The procedures to be followed in the hearing;
- B. The particular sections of the statutes, Federal regulations, State rules, and State Plan involved;

- C. The rights of the applicant or client to present additional evidence, information, and witnesses to the hearing officer, to be represented by counsel or other appropriate advocate, and to examine all witnesses and other relevant sources of information and evidence;
- D. That the hearing officer shall extend the time for the hearing if the parties jointly agree to a specific extension of time and submit a written statement to that effect to the hearing officer; AND
- E. That the hearing may be canceled if the matter is resolved in an administrative review or through other negotiations including mediation.

Notice shall be given personally or by certified mail. If given by certified mail, the date of notification shall be the delivery date appearing on the return receipt. If the hearing officer does not receive a written request from the individual that the hearing be canceled, the hearing shall be conducted as scheduled unless negotiations produce a settlement that is satisfactory to both parties prior to the hearing. If the hearing is canceled, the hearing officer shall send the individual and the Division written notice of the cancellation in the same manner as required for notice of the hearing. A copy of the notice of cancellation shall be sent to CAP if it is involved.

Procedures Governing Hearing

The appeals hearing shall be conducted according to the provisions of Federal Regulation 34 C.F.R. 361.57(b)(1)-(4) and (12) and (c) and according to the provisions of Division rules in 10 NCAC 20B .0212 through .0222 and .0225.

Hearing Officer's Decision

Within 30 days of the completion of the hearing, the hearing officer shall make a decision based on the provisions of the approved State Plan and the Rehabilitation Act (this would include Federal and State Regulations and Division policy that are consistent with the State Plan and the Rehabilitation Act) and provide the individual or, if appropriate, the individual's parent, guardian, or other representative, and to the Division Director, with a full written report of the findings and grounds for the decision. The decision shall be given to the individual and the Division Director personally or by certified mail. If given by certified mail, the delivery date appearing on the return receipt shall be delivery date of record.

The impartial hearing officer's decision is the final decision unless a review by the Secretary of DHHS is requested by either party or one of the parties brings a civil action for review by the courts of the decision.

Review and Final Decision by Secretary Of DHHS or Designee

Either party (the individual or the Division Director) may request a review

of the hearing officer's decision by the Secretary of the Department of Health and Human Services within 20 days of the receipt of the decision.

The Secretary may delegate the responsibility for reviewing the hearing officer's decision to another employee of the Department but shall not delegate the responsibility to any officer or employee of the Division.

The reviewing official shall send written notification of the review to both parties and allow the submission of additional evidence as required by the Rehabilitation Act. The written notice must be given personally or by certified mail. If given by certified mail, the delivery date appearing on the return receipt shall be the delivery date of record.

The reviewing official's review shall be based on the following standards of review:

- Decisions that are neither arbitrary, capricious, an abuse of discretion, or otherwise unreasonable.
- Decision supported by substantial evidence and consistent with facts and applicable Federal and State policy.
- Decisions reflecting appropriate and adequate interpretation to such factors as:
 - (a) The Statute and Regulations as they apply to specific issue(s) in question;
 - (b) The State Plan as it applies to the specific issue(s) in question;
 - (c) Division rules as they apply to the specific issue(s) in question;
 - (d) Key portions of conflicting testimony;
 - (e) Division options in the delivery of services where such options are permissible under the Federal Statute; AND
 - (f) Restrictions in the Federal Statute with regard to such supportive services as maintenance and transportation.

The reviewing official shall not overturn or modify a decision, or part of a decision, of an impartial hearing officer that supports the position of the individual unless the reviewing official concludes, based on clear and convincing evidence, that the decision of the independent hearing officer is clearly erroneous on the basis of being contrary to the approved State Plan or Federal or State Law, including rules and regulations and Division policy that are consistent with Federal Law.

Within 30 days of the Secretary's receipt of the request to review the impartial hearing officer's decision, the reviewing official shall make a final decision and provide a full report in writing of the decision, including the findings and grounds for the final decision, to the applicant or client; or, if appropriate, the individual's parent, guardian, or other representative; and the Division Director. The final decision shall be given to both parties

personally or by certified mail. If given by certified mail, the delivery date appearing on the return receipt shall be the delivery date of record.

The Division Director shall forward a copy of the final decision to the Chief of Policy, the CAP Director, the Regional Director, and the applicant's or client's representative, as appropriate. A copy shall also be included in the individual's official case record.

Copies of all final decisions must also be submitted to the VR Council but in a manner that ensures that all identifying information of participants is kept confidential.

Implementation of Decision

The final decision issued by the impartial hearing officer or the reviewing official shall be implemented regardless of whether a party has filed a civil action in the case. That implementation will stand pending a final decision in any civil action.

Extensions of Time

Reasonable time extensions may be granted for the various steps in these procedures for good cause shown at the request of a party or at the request of both parties except for:

- The time for continuation of services during the administrative review, mediation, and the appeals hearing unless the individual requests that services be stopped or unless there is evidence that services have been obtained through misrepresentation, fraud, collusion, or criminal misconduct on the part of the individual
- The 45-day time for conducting the appeals hearing which may be extended only when the Coordinator of Rules and Policy Development or the hearing officer extends the hearing for a specific period of time upon a written request of both parties
- The 10-day time for issuance of the written notice of the formal appeals hearing
- The 20-day time frame for requesting a review of the hearing officer's decision
- The 30-day time for the reviewing official's issuance of a final decision.

When an extension of time is being granted by the person conducting the administrative review or meditation or by the hearing officer, consideration shall be given to the effect of the extension on deadlines for other steps in the administrative review and appeals process.

Record

The official records of appeals hearings shall be maintained in the central

office of the Division by the Chief of Policy.

Any person wishing to examine a hearing record shall submit a written request to the Chief of Operations in sufficient time to allow the record to be prepared for inspection, including the removal of confidential material.

Transcripts

Any person desiring a transcript of all or part of an appeals hearing shall contact the office of the Chief of Operations. A fee to cover the cost of preparing the transcript shall be charged, and the party may be required to pay the fee in advance of receipt of the transcript. The transcript may be edited to remove confidential material.

Civil Action

Any party (the individual or the Division) aggrieved by a final decision may bring a civil action for review of such decision by a State Court of competent jurisdiction or in a United States district court of competent jurisdiction.

The party seeking judicial review in a State court must file a petition in Superior Court of Wake County or in the superior court of the county where the person resides within 30 days after the person is served with a written copy of the decision. Court review in a United States district court will be governed by the Federal laws applicable to such situations.

[Except for the method of appointing hearing officers, all changes became effective August 7, 1998 - 34 CFR. 361.57; 10 NCAC 20B Section. 0200; 1998 Amendments to the Rehabilitation Act, Section 7(16) and Section 102(c)

Revised 10-08-01

Section 1-6: Social Security Work Incentives

Individuals receiving SSI and/or SSDI are offered a variety of work incentives and programs which may have little or no impact on their benefits. These incentives are explained in SSA publication No. 64-030 entitled A SUMMARY GUIDE TO SOCIAL SECURITY AND SUPPLEMENTAL SECURITY INCOME WORK INCENTIVES FOR THE DISABLED AND BLIND.

1-6-1: Failure to Cooperate

The Social Security Act no longer provides for suspension of benefits to those SSDI beneficiaries and SSI recipients who refuse, without "good cause," to accept Vocational Rehabilitation (VR) services.

Revised 01-09-02

1-6-2: Social Security Reimbursement System

Provisions of the 1981 amendments to the Social Security Act authorizes the Social Security Administration (SSA) to pay for VR services on a case-by-case basis when VR services have resulted in a beneficiary or recipient performing a "substantial gainful activity" (SGA) for a continuous period of nine (9) months. VR is required to file a claim on each case to receive payment. SSA is required to process all claims from VR and will return a decision notice on every claim submitted. The claim must be filed within twelve (12) months following the ninth month of SGA. If the SSA approves the VR claim, both direct cost services (case services) and indirect cost services (administration, counseling, and placement) will be reimbursed. This process is managed and monitored by the Fiscal Services Section.

Section 1-7: Implications of Section 504 and Americans with Disabilities Act (ADA)

It is the policy of this Division that full compliance with the requirements set forth under Section 504 of the Rehabilitation Act of 1973, as amended (PL 93-112) will be maintained in all areas of programming, and services provision. The Division will implement all necessary procedures set forth in 45 CFR, Part 84, to assure full compliance with the requirements by the required dates. All policies and procedures relative to provision of services, employment, and programming within the Division will be carried out with due consideration to these requirements. The Division has designated an ADA Officer as the primary individual for compliance with the provisions of the Americans with Disabilities Act. The Division has also designated the Personnel Manager as the responsible party for assuring compliance with employment requirements under this Section.

[Section 504, Rehabilitation Act of 1973, as Amended; 45 CFR 84; 29 USC 706]

Section 1-8: Nondiscrimination

All policies are applied without regard to sex, race, age, creed, color, national origin or type of disability of the individual applying for service.

[34 CFR 361.31 (a)(1) and (2)]

1-8-1: Disability Group

No individual will be found ineligible for services or be restricted from Division

services on the basis of the type of disability.

1-8-2: Age

There is no upper or lower age limit which will, in and of itself, result in a finding of ineligibility for any individual who otherwise meets the basic eligibility criteria. It is clear that the Rehabilitation Act is directed to the rehabilitation of individuals for employment or independent living. While it is clear that some services may be initiated prior to the current employable age (in North Carolina) of sixteen years old, these individuals are not likely to be employable or be able to live independently. An individualized rehabilitation program may not be appropriate until a later age.

1-8-3: Residence

No state residency requirement can be imposed which excludes from services any individual who is otherwise eligible unless the individual comes to North Carolina for the sole purpose of becoming a client of the Division. However, counselors should not assess or provide services until confirmation that the individual is not being served or will not be served by the resident State vocational rehabilitation program is determined.

Section 1- 9: Identification and Verification

The Immigration Reform and Control Act of 1986 (IRCA) was passed to control unauthorized immigration to the United States. The Immigration Reform and Control Act made all U.S. employers responsible to verify the employment eligibility and identity of all employees hired to work in the United States after November 6, 1986. To implement the law, employers are required to complete Employment Eligibility Verification forms (Form I-9) for all employees, including U.S. citizens.

Citizens of the U.S. include persons born in Puerto Rico, Guam, the U.S. Virgin Islands, and the Northern Mariana Islands. Nationals of the U.S. include persons born in American Samoa, including Swains Island.

The Act affects consumers receiving Vocational Rehabilitation services entering employment since they will have to verify identity and employment eligibility to employers. Appropriate documentation to establish identity is required prior to VR eligibility and the delivery of services. Documents which are acceptable are listed on Immigration and Naturalization Service Form I-9; however, amendments to the regulations have resulted in an expansion of acceptable documents/procedures as follows:

A. Identity and Employment Eligibility - The following are acceptable documents to establish both identity and employment eligibility:

1. United States Passport (expired or unexpired);
2. Alien Registration Receipt Card or Permanent Resident Card, Form I-551.
3. An unexpired foreign passport that contains a temporary I-551 stamp.
4. An unexpired Employment Authorization Document that contains a photograph, Form I-766, Form I-688, Form I-688A, or Form I-688B.
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, an unexpired foreign passport with an Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, so long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the Form I-94.

B. Identity - The following are acceptable documents to establish identity only for individuals 16 years of age or older:

1. A state-issued driver's license or identification card containing a photograph, or identifying information shall be included such as: name, date of birth, sex, height, color of eyes, and address;
2. School identification card with a photograph;
3. Voter's registration card;
4. U. S. military card or draft record;
5. Identification card issued by Federal, state, or local government agencies or entities;
6. Military dependent's identification card;
7. Native American tribal documents;
8. Driver's license issued by a Canadian government authority; or
9. United States Coast Guard Merchant Mariner Card.

For individuals, under age 16 who are unable to produce one of the above listed documents, the following documents are acceptable to establish identity only:

1. School record or report card;

2. Clinic, doctor, or hospital record;
3. Daycare or nursery school record;

Minors under the age of 18 who are unable to produce any of the above listed documents are exempt from producing one of the enumerated identity documents if the following procedures are followed:

1. The minor's parent or legal guardian completes, on Form I-9, Section 1 "Employee Information and Verification" and in the space for the minor's signature, the parent or legal guardian writes the words, "minor under age 18."
2. The minor's parent or legal guardian completes, on Form I-9 the "Preparer/Translator certification."
3. The employer or the recruiter writes in Section 2 "Employer review and Verification" under List B in the space after the words "Document Identification #" the words, "minor under age 18."

Individuals with a disability, who are unable to produce one of the aforementioned documents, who are being placed into employment by a nonprofit organization, association, or as part of a rehabilitation program, may follow the procedures for establishing identity provided in this section for minors under the age of 18, substituting where appropriate, the term "special placement" for "minor under age 18," and permitting in addition to a parent or legal guardian, a representative from the nonprofit organization, association, or rehabilitation program placing the individual into a position of employment, to fill out and sign in the appropriate section, the Form I-9. For purposes of this section the term "individual with a disability" means any person who:

1. Has a physical or mental impairment which substantially limits one or more of such person's major life activities.
2. Has a record of such impairment.
3. Is regarded as having such impairment.

C. Employment Eligibility - The following are acceptable documents to establish employment eligibility only:

1. A social security number card other than one which has printed on its face "not valid for employment purposes".
2. A Certification of Birth Abroad issued by the Department of State, Form FS-545.

3. A Certification of Birth Abroad issued by the Department of State, Form DS-1350.
4. An original or certified copy of a birth certificate issued by a State, county, municipal authority or outlying possession of the United States bearing an official seal.
5. Native American tribal document.
6. United States Citizen Identification Card, INS Form I-197.
7. Identification card for use of resident citizen in the United States, INS Form I-179.
8. An unexpired employment authorization document issued by the Immigration and Naturalization Service.

Special rules for receipts. Except in cases where the employment is for less than three business days, unless the individual indicates or the employer has knowledge that the individual is not authorized to work; an employer must accept any of the three documents indicated below in the following circumstances:

Application for a replacement document. The individual:

1. Is unable to provide the required document within the time specified in this section because the document was lost, stolen, or damaged.
2. Presents a receipt for the application for the replacement document within the time specified in this section; AND
3. Presents the replacement document within 90 days of the hire or, in the case of reverification, the date employment authorization expires; or

Form I-94 indicating temporary evidence of permanent resident status. The individual indicates in section 1 of the Form I-9 that he or she is a lawful permanent resident and the individual:

1. Presents the arrival portion of Form I-94 containing an unexpired "Temporary I-551" stamp and photograph of the individual, which is designated for purposes of this section as a receipt for Form I-551; AND
2. Presents the Form I-551 within 180 days of the hire or, in the case of reverification, the date employment authorization expires; OR

Form I-94 indicating refugee status. The individual indicates in section 1 of the Form I-9 that he or she is an alien authorized to work and the individual:

1. Presents the departure portion of Form I-94 containing an unexpired refugee admission stamp, which is designated for purposes of this section as a receipt for either the Form I-766 or a social security account number card that contains no employment restrictions; AND
2. Presents, within 90 days of the hire or, in the case of reverification, the date employment authorization expires, either an unexpired Form I-766; or a social security account number card that contains no employment restrictions together with a document described under paragraph (b)(1)(v)(B) of this section.

It occasionally happens that an employer learns that an employee whose documentation appeared to be in order for Form I-9 purposes is not actually authorized to work. In such case, the employer should question the employee and provide another opportunity for review of proper Form I-9 documentation. If the employee is unable under such circumstances to provide satisfactory documentation, employment should be discontinued (alien employees who question the employer's determination may be referred to an Immigration field office for assistance).

For additional information, go to the website for the U. S. Department of Agriculture – Office of Chief Economist (Agricultural Labor Affairs) – Immigration Reform and Control Act.

<http://www.usda.gov>

Frequently Asked Questions About Employment Eligibility

<http://uscis.gov/graphics/howdoi/EEV.htm>

Codes for Citizenship, Visas, and Green Cards

<http://www.usimmigrationsupport.org>

Social Security Numbers

A social security number is required on each applicant for or recipient of rehabilitation services prior to closing client records in case status codes 08, 26, 28, 30, and 38. Should an individual lose their number or have never applied for a social security number, counselors have the responsibility for assisting the individual in completing the appropriate request for either a duplicate card or an original from the Social Security Administration. Services should not be delayed pending issuance and/or receipt of the social security number unless the counselor has information contrary to the requirements noted in Section 1-9.

Section 1-10: Repossession, Storage, and Disposal of Equipment

The counselor should repossess equipment purchased for clients when the equipment is not being used for the intended purpose and it is unlikely that the equipment will be used for such in the foreseeable future or for reasons as specified on the DVR-1015. When equipment costing more than \$500 is repossessed, the Counselor should consult with the Purchasing Manager on disposal of the equipment and arrangements for storage. In some cases, repossessed equipment may be of use to another client. The equipment should be safely stored until reassignment is made. In other situations, equipment may not be feasibly transferred to another client because of the customization or general condition of the equipment. The Purchasing Manager can advise on the disposition of equipment in such cases. If necessary, the Unit Manager may designate staff to pick up and safely transport repossessed equipment to another location. The Unit Manager should arrange for the transportation of equipment items that staff cannot safely move by contacting the Assistant Regional Director.

Repossessed equipment that might be of use to another client may be stored locally or in a regional storage area or in the purchasing section of the state office. If such storage space is not available, the Purchasing Manager and/or Assistant Regional Director should be consulted regarding other options for storage of the equipment.

Revised 10/1/2011

Section 1-11: Invoice Processing

In order to meet Federal requirements regarding authorization for services, rates of payments, and determination of comparable benefits, the Division requires the submission of an invoice for any service provided to a client that is consistent with the corresponding authorization for services. Invoices must be submitted on forms specified in this policy and found on the automated case management system along with required supportive information. Other required information includes client name, VR/IL#, client ID, R2#, inclusive dates of service, complete description of service, vendor name, vendor address, caseload code, counselor code, and the counselor's signature indicating review and approval of the invoice.

Vendor Signatures

1. Purchase Orders -Vendor signatures are not required when a purchase order has been issued by the Purchasing Unit. Neither a case service invoice nor an authorization is sent to the vendor in this case.

2. Signatures on File - (Medical Vendors only) Vendor signatures are not required for Medical Vendors who have completed a DVR-0108-Certificate of Signature on File. However, all medical invoices processed

without a signature on file must be signed by the provider.

3. Attached documentation - Vendor signatures are not required if there is attached documentation that verifies the invoiced amount, service equipment, training etc. Examples of documentation include but are not limited to:

- Packing Slips and receipts
- Cash register or other sales receipts
- Invoice on letterhead with itemized list
- Invoices for copying Medical Records
- Computer generated invoices that identify the name of the company, date and itemized list of purchases

4. Case Service Invoice (Forms DVR-0020 or IPIL-1013) - Signatures are required on the Division's case service form when it is the only submitted documentation and none of the above attached documentation is attached. Examples include but are not limited to:

- Invoices for the client is the vendor
- Interpreters, tutors and private transportation vendors who are not affiliated with a company
- Transportation vendors that are not public or for profit companies with a separate invoice

Invoices are to be submitted on one of the following required invoice forms:

1. Case Service Invoice (Forms DVR-0020 or IPIL-1013) - This is the general purpose invoice used by the Division for such services as tuition, fees, books, supplies, on-the-job training, supported employment, equipment, maintenance, transportation, imprest cash, personal care assistance, residence modifications and others.
2. Medical Invoice (Form-0107) - Health Insurance Claim Form 1500 may be substituted for all medical HCFA and hospital services, speech, hearing, orthotic, anesthesia, radiological, and others.
3. Dental Invoice (FORM DVR-0126) - Used for dental services.
4. Eyeglass Invoice (FORM DVR-0199) - Used for eyeglass billing.
5. Pharmacy Invoice (FORM DVR-0101) - Used for over-the-counter and prescription medications and others.

COMPARABLE BENEFITS: When comparable benefits are listed on the authorization form, they must be clearly addressed on the invoice. Because of the variety of invoice forms received, there is no single area for comparable benefits to be noted. For example, if medical insurance is listed on the authorization as a comparable benefit, the counselor must indicate either the amount of the payment and specify the procedure(s) for which the payment is to be applied towards, or indicate denial of benefit. The insurance denial letter or payment stub must be forwarded with the invoice. If a legal settlement is

pending, the counselor shall review the financial situation with the attorney and advise the state office of the current status of the legal action when submitting the invoice for payment. An Assignment of Reimbursement should be attached to the invoice, when appropriate, in order to expedite the payment process. If Medicare is the comparable benefit, a copy of the Explanation of Benefit (EOB) is required prior to payment. Diagnostic or treatment invoices for cancer must indicate eligibility/ineligibility for the Division of Health Services Cancer Control Project. Division funds cannot be used to complement or supplement a comparable benefit that pays at the Medicaid rate. If a comparable benefit pays more than the allowable state established rate, the Division is unable to contribute any payment towards the cost of the service. Invoices with Medicaid as the comparable benefit should not be forwarded for processing until Medicaid status is ascertained.

OVERPAYMENTS: Any overpays must be approved by the counselor who issued the authorization. Unit Manager/Facility Director approval is required if the overpayment exceeds \$100.00.

ADDITIONAL INFORMATION REQUIRED ON INVOICES:

ANESTHESIA INVOICES: Must include length of time the service lasted, in the Description of Service portion of the bill.

DENTAL INVOICES: Require the same information as medical claims, but the procedure codes are paid according to American Dental Association (ADA) codes. Preventive procedures, as noted in Volume V of the Reference Library, should not be authorized: if invoiced without adequate justification, these procedures will not be considered for payment.

EYEGLASS INVOICES: Eyeglasses Ordering/Claim Forms require much the same information as a medical claim but the amounts paid are according to rates established by a contract entered into between DHR and a selected vendor. The optometrist or ophthalmologist should complete and sign this form. Detailed instructions for the purchase and payment of eyeglasses are on the reverse side of each page of the form DVR-0199.

HOSPITAL INVOICES: For inpatient and outpatient services shall be submitted on the hospital's billing form and are graded at the Medicaid rate according to the rate effective on the date of discharge. A copy of the authorization must be attached to the invoice since dates of service are verified against the authorization. If the invoice has a beginning date prior to the effective date of the authorization, the invoice will be returned to the counselor for verification/correction. Invoices extending three days beyond the number of days authorized will be returned to the counselor for review and explanation. Hospitals can bill the client for any days not covered by the Division of Vocational Rehabilitation, but cannot bill the client for additional monies for days and

services authorized by the DVR. Hospitals also cannot bill the client for remaining balances from payments made on services covered. Although inpatient and outpatient services can be authorized as separate line items on the same R2, inpatient services cannot be invoiced against an outpatient authorized line item. Physician services being billed by the hospital must be billed on the physician's invoice with a complete description of the service. Reports will be requested for clarification purposes. Payments for physician services cannot be made unless these services are specified on the authorization. For example, physician charges cannot be paid from an outpatient service line item on the authorization. These charges must be specified as a separate line item on the authorization.

MEDICAL INVOICES: At this time, only a Current Procedural Terminology (CPT) code is required to determine appropriate payment. If a code is not allowed or there is no listed rate, a report may be requested for grading purposes. Additional supporting information may sometimes be requested to confirm or assure proper payment. Preventive procedures will be removed from the invoice unless appropriate justification is received. Counselors and/or managers must keep medical service providers current on the Division's payment policies in order to help prevent misunderstandings.

PHARMACY INVOICES: The Division changed its billing procedure for pharmacies, effective 03/15/06, to conform to the standard form and process already utilized by NC Department of Public Health. Invoices must have the prescription number, the brand or generic name, the National Drug Code (NDC) number, strength, the concentration of drug per unit, the quantity of drug dispensed (e.g., number of tabs, caps ml, cc. oz), the date the prescription order was actually filled and amount billed for each drug. The prescription drug dispensing fee will be based on brand (b) or generic (g) which are required fields on the invoice form. The pharmacy invoice form is on the automated case management system. Drug bills should be submitted to Case Service Accounting on a monthly basis to assure dispensing fees are paid only once per month per drug purchased. Dispensing fees are established by Medicaid and will not be paid unless listed separately on the invoice. Over-the-counter drugs are paid at over-the-counter prices with no dispensing fee allowed even if a prescription is written. Generic rates will be paid unless the physician writes "Dispense as Written" on the prescription order. This is a Medicaid rule. If a physician simply signs under or checks an identified heading, marking a specific block, or any other method, it will not be allowed by Medicaid policy or VR policy and the generic equivalent fee will be paid. Overpays must be approved as stated earlier in this policy.

PROSTHETIC AND ORTHOTIC INVOICES: Should be itemized with a complete description of the service provided and coded according to fee schedules found in Volume V. Fees for items not found in the fee schedule should receive prior approval as specified in those policies. INVOICES FOR SERVICES PROVIDED

AFTER JULY 1, 1991 MUST INCLUDE THE CLIENT'S DATE OF BIRTH as the fees are different.

SPEECH THERAPY INVOICES: Must include length of each session and number of sessions.

PSYCHOLOGICAL SERVICES INVOICES: Must indicate the assessment level as specified in Volume V. Psychotherapy invoices must include the number of sessions and the length of each session. Neuropsychological invoices must reflect the amount of time and be within the limits stated in Volume V. All invoices submitted by psychologists are reviewed to assure the providers are on the Approved Panel of Psychologists and to determine if they are listed as a dual employment provider. If appropriate, a CP-30 Dual Employment form must be completed, signed and attached to the invoice. The authorizing counselor signs the form as the Division representative.

SURGICAL ASSISTANT AND FREE-STANDING SURGICAL FACILITY INVOICES: Cannot be paid until the surgical invoice is processed. The authorization number for the related surgery should be recorded under Description of Service portion on the surgical assistant or facility invoice.

CASE SERVICE INVOICES (General Invoices): Listed below are the types of services normally billed on the Case Service Invoice (Form DVR-0020 or IPIL 1013) along with additional information needed and edits required prior to processing. CATEGORY, item 9, must be completed to properly identify the reason for providing the service. The four categories are diagnostic, treatment, training, and placement. The category must be the same as item 19 on the case service authorization.

TUITION, FEES, BOOKS AND SUPPLIES INVOICES: Are reviewed for compliance with rates and guidelines listed in Volume V to assure that the vendor is an approved vendor. Invoices should not be submitted beyond the current term as these will not be paid. Current term is defined as monthly, quarterly, or by semester depending on the vendor. Required books and supplies must be itemized on an attached receipt. Any items not required by the school or the instructor should be deleted from the invoice by the counselor prior to submitting to Case Service Accounting.

In addition, if the rate for college training is more than the current set rate because it was a part of the IPE prior to May, 2002, note "IPE prior to May, 2002 in the approval column.

ON-THE-JOB TRAINING INVOICES: Must include the hours for the current billing period and the rate per hour. Vendor approval is required and reviewed.

MAINTENANCE INVOICES: Must indicate which services are being sponsored (meals, room, or both). Meals should not exceed actual cost or State per diem rates, whichever is less. Invoices for room and board must not exceed the allowable rates as specified in Volume V. Invoices including dormitory fees billed by the college or university, cannot be paid more than two weeks prior to beginning date of service and cannot exceed thirty days unless prior approval is given by the Chief of Policy

TRANSPORTATION INVOICES: Must list number of miles, number of trips and rate per mile. Invoices for public conveyance must list the number of trips unless the invoice is for a monthly bus pass or a book of bus tickets. If invoices are completed in this manner, an attached receipt is unnecessary. Invoices cannot be paid more than two weeks prior to the beginning date of the service and should not exceed thirty days.

HOUSING PLACEMENT AND ASSISTANCE INVOICES: Included in this category are home furnishings and the invoice must be accompanied by an itemized list of purchases.

HOUSING AND TRANSPORTATION MODIFICATION INVOICES: Should have itemized bills attached and bills for payment must also have the engineer's signature indicating inspection and approval.

TECHNOLOGICAL AIDS AND DEVICE INVOICES: For prosthesis and orthotics must not exceed allowable rates as specified in Volume V. Invoices for environmental control units, augmentative communication devices, etc., must be accompanied by an itemized list of items purchased.

ATTENDANT CARE/PERSONAL ASSISTANCE SERVICE INVOICES: Must be accompanied by time sheets for invoiced period.

SOCIAL AND RECREATIONAL SERVICE INVOICES: Should include itemized list of items purchased.

OTHER SERVICES: Allow services not listed elsewhere on the case service invoice form. They must be itemized either on the case service invoice or an attachment. The following are examples:

- **SUPPORTED EMPLOYMENT INVOICES** must include time sheets for the invoiced period. (Timesheet must be attached) The rate in effect on the date of service should be the invoiced amount. Vendor approval and rates are reviewed.
- **EQUIPMENT INVOICES** must be itemized and identified as either placement or training equipment for CS coding purposes. Equipment used for training purposes should not be invoiced as a supply line item. A

note of justification should be submitted indicating the equipment is required by the employer or the instructor.

- PERSONAL NEEDS INVOICES cannot exceed the allowable rate, cannot be paid more than two weeks prior to beginning date of service and should not extend beyond thirty days.
- IMPREST CASH FUND INVOICES require copies of the Imprest Cash Receipt (FORM DVR-2048) along with other information relevant to the service being provided. For example, imprest checks which are to be used for maintenance services should provide the same information required for other maintenance invoices. The invoice must be signed by the client, counselor and Unit Manager/Facility Director or designee. Receipts indicating that funds were used for the purposes intended should be forwarded with the invoice whenever possible.

PRIOR APPROVAL OF UNUSUAL CHARGES

Any service requiring prior approval is reviewed to assure approval is in place. Any service which appears excessive, not normally provided, non-routine or out-of-the-ordinary must be accompanied by a note of justification for review and approval purposes.

DUPLICATE INVOICES

Duplicate invoices may become necessary if any invoice has not been paid in a reasonable period of time. A duplicate invoice must be submitted to Case Service Accounting with written notification requesting review and indicating the date the original invoice was submitted for payment. There is a two-week "hold time" prior to processing invoices to help prevent duplicate payment.

REQUEST FOR REVIEW

Request for review of the amount of payment for a service should be submitted to the supervisor of Case Service Accounting. This request should include the VR number, case service authorization number and any reports or justification that can be provided to help in the review for possible additional payment.

WEEKLY CHECK-WRITE

Checks are written weekly on Monday night. Checks issued to vendors are computer-generated by the State Computer Center. Final edits are conducted electronically between the Case Service Authorization and the Case Service Invoice information while the checks are being printed. An error listing is developed which is composed of all invoices that differ from the supporting

authorization. All checks are then manually edited against the invoice(s) and if not in agreement, the check is "pulled" for review and special handling. For example, if an established vendor has a change of address and the address on the invoice is different from the address on the authorization this difference must be corrected before the check can be released to the vendor. If a careful review is made comparing the invoice to the authorization prior to submission of the invoice to Case Service Accounting, this will help assure all information is in agreement and the proper vendor is paid for services in a timely manner.

[34 CFR 361.42; 361.44; 361.46; 361.47]

Section 1-12: VR/IL Concurrent Records of Service

The 1992 Amendments to the 1973 Rehabilitation Act strongly emphasize coordination and collaboration between the Vocational Rehabilitation Program and the Independent Living Rehabilitation Program in order to assure that clients with significant disabilities are able to access those services necessary to complete their rehabilitation program. Coordination of rehabilitation planning between the Vocational Rehabilitation (VR) Program and the Independent Living Rehabilitation (IL) Program is essential if the client is to achieve a successful vocational outcome. In order to enhance coordinated planning and service provision, statewide budget code RCC 1281 has been developed to promote continued involvement by the IL counselor and the VR counselor throughout the rehabilitation process. Case service authorizations may be issued by the vocational rehabilitation counselor from RCC 1281 during the assessment for determining eligibility and vocational rehabilitation needs as well as purchasing IL related services once an applicant has been determined eligible for VR services under the following conditions:

- A. Such services are required for vocational rehabilitation purposes; AND
- B. Such services are provided in a collaborative effort with the IL program.

In order to use this budget, it is required that joint planning occur early in the rehabilitation process or as soon as it is determined that the client must access both programs in order to have a successful employment outcome. The VR counselor may also elect to sponsor services under a concurrent record of service out of other case service funds. VR policy and maximum limits prevail whenever RCC 1281 or other VR funds are utilized. The VR counselor may also elect to sponsor services under a concurrent record of service out of other case service funds. VR policy and maximum limits prevail whenever RCC 1281 or other VR funds are utilized. Under no circumstances should either program identify the other as the responsible party without prior coordination and agreement with the other program.

[The 1992 Amendments to the Rehabilitation Act of 1973, Section 102 (a)(4)(B);

Section 1-13: Client Signatures

Clients are required to sign many Division forms to either affirm their participation in developing the form or that they received a particular document from the counselor. Signatures may be of the individual or, if appropriate, a parent, family member, guardian, advocate, or an authorized representative of the individual. If the individual with a disability has not yet reached the eighteenth birthday and is not a legally emancipated minor, then additional signatures must be secured. If the individual is under eighteen and has been adjudicated a ward of the State, then an adult who is involved with the individual must sign required documents. Specific requirements are noted in appropriate policies.

Section 1-14: Imprest Cash Fund

The imprest cash fund is a fixed sum of money available to meet emergency service delivery needs of clients. This fund is to be used for client services only. The fund should not be used to circumvent Division vendor approval requirements, bidding procedures, or used to provide any service that is subject to rates not established by the Division. At the beginning of each state fiscal year, each VR program unit office which requests an imprest cash fund is allocated a fixed amount of funds out of this budget. This budgeted amount remains constant until approval is received from the Assistant Director for Fiscal Services. Unit managers, or designee, must maintain the local fund in relation to expenses and reimbursements. Under no circumstances is the local fund to show a negative balance without prior permission from the Assistant Director for Fiscal Services.

Procedure for Use of Imprest Cash Fund

1. The Unit Manager will issue a check to the client in the client's name.
2. A case service authorization will be issued in the amount of the check to:
VSTIF-Vocational Rehabilitation Services (office name), PO Box 26053 Raleigh, NC 27611
3. A case service invoice will be prepared using the same address as above.
4. The client must sign a receipt indicating that the check was received and for what purpose. The receipt must be forwarded to case service accounting along with the invoice.
5. The same staff person should not sign the check, case service authorization, and invoice.

Section 1-15: Vendor Review and Certification

1-15-1: General Provisions

Each year a training session on nondiscrimination compliance/vendor reviews is held for the Assistant Regional Directors (ARDs). The ARDs conduct similar sessions for regional management teams who in turn train counselors and other appropriate staff. Designated Division staff are responsible for conducting **ON-SITE** vendor reviews of all in-state vendors being considered for utilization during the rehabilitation process.

An appropriate vendor review form must be signed by the reviewer and the unit manager. This form must also include the signature of the vendor indicating that the vendor is in compliance with all nondiscrimination legislation. The form is then sent to the Assistant Regional Director (ARD) for signature. The Assistant Regional Director (ARD) reviews the vendor information and if there are no nondiscrimination compliance issues or accessibility/communication compliance issues, sends it to the state office. If there are problems in one of the above areas, the ARD will attempt to resolve them and will contact the Section Chief for Program Policy, Planning and Evaluation if there are difficulties in remedying some nondiscrimination compliance/ accessibility issues. The Section Chief for Program Policy, Planning and Evaluation may approve a plan, containing specific time lines for the correction of the problem, under which the vendor may be conditionally approved. The Section Chief for Program Policy, Planning and Evaluation approves, conditionally approves, or denies approval and notifies the vendor. The Chief sends a copy of the approval or conditional approval or denial letter to the appropriate Counselor, Unit Manager, and ARD upon approval adds the vendor to the vendor compliance list.

Authorizations to a vendor will not be accepted prior to approval of that vendor by the Section Chief for Program Policy, Planning and Evaluation. New vendors also sign a statement on the *Form DVR-0304*, *Form DVR-0308*, and *Form DVR-0309* vendor forms indicating that the vendor will not charge the client if an authorization from the agency has been accepted unless the amount for such service charge or payment is previously known to and approved by the Division. Approval is made for these limited situations by the Assistant Director for Fiscal Services and is not subject to negotiation by field staff.

A W-9 must be attached to vendor review applications in order for the vendor application to be processed. A DVR-0306 is not required for any vendors who have completed one of the seven vendor review forms listed below.

The following vendor review forms can be obtained on the Division of Vocational

Rehabilitation Services Intranet Website:

- DVR-0301 OJT Vendor Review-On Site,
- DVR-0302 Training Vendor Review-On Site,
- DVR-0303 Boarding Facility-On Site,
- DVR-0304 Miscellaneous Vendor Review-On Site,
- DVR-0307 Supported Employment, Vendor Review-On Site,
- DVR-0308 Application for Vendorship of Professionals-On Site,
- DVR-0309 Application for Corporate Group of Professionals-On Site, and
- DVR-0306 Form Certificate of Nondiscrimination Compliance.

Private interpreting agencies must be reviewed utilizing DVR-0304 Miscellaneous Vendor Review-On Site; however, a vendor review is not required for individual interpreters.

The vendor, Unit Manager, and the ARD must sign a properly completed and approved VENDOR REVIEW Form, DVR-0302, for both in-state and out-of-state training programs. In addition, the following must also be submitted on all colleges/schools: licensure information, accreditation, W-9, a description of the training program, its length, costs, and refund policy. The reviewer must provide written confirmation from the home state VR agency that an out-of-state vendor is approved for use by that agency. The Division will use only those out-of-state postsecondary facilities and programs that meet the standards of the public VR program in that state. The ARD is responsible for reviewing and submitting the above vendor information to the Section Chief of Program Policy, Planning and Evaluation in the State Office. (See Section 2-20 Training.)

A computerized VENDOR COMPLIANCE LIST is maintained for information purposes and as a tool to delete the names of vendors not utilized. Questions should be directed to the ARDs or the Section Chief for Program Policy, Planning and Evaluation.

Although an on-site vendor review is not required, a DVR-0306 must be signed by the following types of vendors:

- Day care programs
- Transportation vendors, i.e., taxi companies, and bus lines, etc.
- Vehicle modifications and repair vendors
- Building contractors (licensed general contractors are preferred). State law requires that persons, firms, or corporations constructing projects costing \$30,000 or more to be licensed with the Licensing Board for General Contractors.

Vendors must indicate compliance with all Federal laws related to nondiscrimination based on race or national origin, sex, age, or disability by signing a vendor form. If, at any time, a staff member finds that an approved vendor is not in compliance with the nondiscrimination legislation, it is the staff

member's responsibility to discuss the matter with the unit manager and document the concern in writing. The vendor will be offered the opportunity to correct the problem. Should the correction not be made, a report must be sent to the ARD who will review the matter and forward recommendations to the Section Chief for Program Policy, Planning and Evaluation. Any vendor who is in violation of nondiscrimination legislation will receive a letter from the Section Chief for Program Policy, Planning and Evaluation advising the vendor that it has been removed from the approved vendor compliance list and of action required of the vendor prior to consideration for reinstatement with the Division. [10 NCAC, 20C: .0410]

The Division may cease to utilize any facility or program when the Division determines that a facility or program fails to meet the individualized rehabilitation needs of Vocational Rehabilitation clients. The Unit Manager must investigate and advise the vendor of the concerns of the Division, and the two parties must agree upon a plan to correct them. Should the vendor fail to make the necessary improvements, the Unit Manager will forward recommendations to the ARD to remove the vendor from the approved list. The ARD will review and, if in agreement forward such recommendations to the Section Chief for Program Policy, Planning and Evaluation who will remove the vendor from the vendor compliance list.

[Vocational Rehabilitation Act of 1973, as amended; Civil Rights Act of 1964; Title 10 North Carolina Administrative Code 20C .0400 and 20D .0100 through .0300 - Volume II, Part B; 34 C.F.R 361.51; State Plan, Section 4.10(c)]

1-15-2: Medical Specialists

A medical specialist must be certified in a specialty recognized by the American Board of Medical Specialists or eligible for certification through post-graduate education, and must be a member of the staff of a hospital approved for participation in the DVRS program. Physicians wishing to provide services should complete the vendor review form DVR-0308 or DVR-0309, which must be approved by the Section Chief for Program Policy, Planning and Evaluation.

[10 NCAC 20D .0302]

1-15-3: Psychologists

The N. C. Psychology Board must license psychologists providing services as VR vendors, and the Section Chief for Program Policy, Planning and Evaluation must approve a DVR-0308. In addition to the above, Masters level Psychological Associates also must provide evidence of an active supervisory contract.

1-15-4: Prosthetists and Orthotists

The American Board for Certification in Prosthetics must certify these vendors, indicating that the shop meets the Board's various standards. These vendors must complete a DVR-0304, and the form must be approved by the Section Chief for Program Policy Planning and Evaluation. *[10 NCAC 20D .0308]*

1-15-5: Dentists

Dentists must be approved by the N.C. State Board of Dental Examiners. A DVR-0308 must be completed and approved by the Section Chief for Program Policy Planning and Evaluation. *[10- NCAC 20D .0303]*

1-15-6: Day Care

Counselors may authorize only to such businesses that are licensed or registered by the North Carolina Department of Health and Human Services, Division of Child Development. The day care center should display the license or registration certificate. Before authorizing day care services, the counselor must obtain the license or registration number. A notation of the licensure or registration must be entered in the case record. Comparable benefits must be used when available. The day care programs must complete a DVR-0306. Questions regarding day care services should be directed to the Section Chief for Program Policy, Planning and Evaluation.

1-15-7: Hearing Aid Vendors

Such vendors must sign a Letter of Agreement with the Division indicating acceptance of payment rates and other requirements. They must be licensed by the N.C. State Hearing Aid Dealers and Fitters Licensing Board. These vendors must also complete a DVR-0304 and be approved by the Section Chief for Program Policy, Planning and Evaluation. *[10 NCAC 20D .0307]*

1-15-8: Speech and Language Pathologists and Audiologists

Such vendors must be licensed by the N.C. Board of Examiners for Speech and Language Pathology and Audiology. They must complete a DVR-0304 and be approved by the Section Chief for Program Policy, Planning and Evaluation.

[10 NCAC 20D .0206]

1-15-9: Chiropractors

These vendors must be licensed by the N. C. Board of Chiropractic Examiners. They must complete a DVR-0304 and be approved by the Section Chief for Program Policy, Planning and Evaluation.

1-15-10: Occupational Therapists

These vendors must be licensed by the N. C. Board of Occupational Therapy. They must complete the DVR-0304 and be approved by the Section Chief for Program Policy, Planning, and Evaluation.

[10 NCAC 20D .0302]

1-15-11: Physical Therapists

These vendors must be licensed by the N. C. Board of Physical Therapy Examiners. They must complete the DVR-0304 and be approved by the Section Chief for Program Policy, Planning, and Evaluation.

[20 NCAC 20D .0302]

1-15-12: Optometrists

These vendors must be licensed by the N. C. State Board of Examiners in Optometry. They must complete the DVR-0308 and be approved by the Section Chief for Program Policy, Planning and Evaluation.

1-15-13: Opticians

These vendors must be licensed by the N.C. State Board of Opticians. They must complete the DVR-0304 and be approved by the Section Chief for Program Policy, Planning and Evaluation.

1-15-14: Podiatrists

These vendors must be licensed by the N.C. Board of Podiatry Examiners. They must complete a DVR-0308 and be approved by the Section Chief for Program Policy, Planning and Evaluation.

1-15-15: Massage and Bodywork Therapists

These vendors may render services prescribed by a physician. Therapists must be in compliance with any local ordinance that pertains to such vendors and must be licensed by the North Carolina Board of Massage and Bodywork Therapy. These vendors must complete a DVR-0304 and be approved by the Section Chief for Program Policy, Planning and Evaluation.

1-15-16: Acupuncturists

These vendors must be licensed by the N. C. Acupuncture Licensing Board.

They must complete a DVR-0304 and be approved by the Section Chief for Program Policy, Planning and Evaluation.

1-15-17: Standards for Community Rehabilitation Programs

The Division annually signs a contract with each community rehabilitation program in which the latter agrees to meet Agency approved standards in terms of management, operations, and client service delivery. The community rehabilitation programs further agree to maintain national accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), the International Center for Clubhouse Development (ICCD) or adhere to certification under the process established by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services during the term of the contract.

1-15-18: Sign Language Interpreters

These vendors must be certified by the N.C Interpreter Transliterator Licensure Board requirements. See Section 2-6-2 for additional information.

Revised 02-25-03

1-15-19: Standards for Training Vendors

In-state postsecondary training facilities must be licensed, or have their organizations approved, as follows:

- Colleges and universities – must be licensed by the Board of Governors of the University of North Carolina
- Proprietary schools – must be licensed by the Office of Proprietary Schools, NC. Department of Community Colleges or exempt from licensure under G.S. 115D 88- (1) through (4c) or facilities or program for which there is no licensing body in the State. However, these exempt facilities or programs shall submit documentation of their approval by an accreditation body. (See additional information below about proprietary schools.)
- Barber Schools – must be licensed by the N. C. Board of Barber Examiners
- Commercial Driver Training Schools – must be licensed by the N. C. Division of Motor Vehicles
- Cosmetology – must be licensed by the N.C. Board of Cosmetic Art Examiners
- Nurse's Aide I Programs – must be approved by the N. C. Division of Health Service Regulation
- Nurse's Aide II Programs – must be licensed by the N. C. Board of

Nursing

- Schools for Real Estate Appraisal – must be licensed by the N.C. Appraisal Board
- Schools for Real Estate Sales – must be licensed by the N.C. Real Estate Commission
- Schools for Massage must be licensed by the N.C. Board of Massage and Body Work Therapy
- Other licensure boards for which a training facility or program has written verification that the licensing board is the appropriate licensing body and from which the facility or program holds a current license.

All of the above training vendors must meet the licensure or approval requirements and a DVR-0302 must be approved by the Section Chief for Program Policy, Planning and Evaluation.

Proprietary schools licensed by the community college system must have their license renewed annually. The Section Chief for Program Policy, Planning and Evaluation will obtain information regarding license renewal of these programs and give notice of any problems to the vendor and make an effort to resolve them. Should the Section Chief for Program Policy, Planning and Evaluation be unable to resolve an issue with the vendor, the vendor will be removed from the approved list.

The following are exempt from licensure by the Office of Proprietary Schools, N. C. Department of Community Colleges. Such training vendors whose programs are not licensed must be accredited by an appropriate body in order to be utilized by the agency. This accreditation information must be submitted along with other items specified on the DVR-0302.

- (1) Nonprofit schools conducted by charitable or religious institutions.
- (2) Schools maintained or classes conducted by employers for their own employees where no fee or tuition is charged to the student.
- (3) Courses of instruction given by any fraternal society, civic club, or benevolent order which courses are not operated by profit.
- (4) Any school for which there is another legally existing licensing or approving board or Division in this state.
- (4a) Classes of schools that are equipment specific to purchasers, users, or schools offering training or instruction to acquaint purchasers or users with equipment capabilities.
- (4b) Classes or schools that are taught or coached in homes or elsewhere to five or fewer students.
- (4c) Classes or schools that the State Board of Community Colleges determines are a vocational, recreational, self-improvement or continuing education for already trained and occupationally qualified individuals.

Section 1-16: Medical Consultation

The North Carolina Division of Vocational Rehabilitation Services contracts with practicing physicians to provide consultation services to all unit offices. Consultation is often necessary to interpret, clarify, expedite, and make decisions regarding medical aspects of the case. The responsibilities of the Unit Medical Consultant are as follows:

1. Interpret medical terms and medical information on clients;
2. Clarify and explain physicians' reports in terms of client disability;
3. Assess the adequacy of medical information and advise on the need for specialist consultation or further medical evaluation;
4. Advise on nature and extent of functional impediments and improvement from proposed interventions;
5. Advise on likelihood of residual impediments after treatment;
6. Assess medical prognosis related to rehabilitation potential;
7. Provide staff education regarding disease or injury and current methods of treatment; and
8. Serve as liaison with colleagues in the medical community.

The consultant's role is to review and advise on medical evaluation and treatment. It remains the counselor's responsibility to determine eligibility, provide/arrange for all appropriate services and set employment objectives. All counselors must have access to medical consultation to aid them in proper decision-making and to keep informed concerning current diagnostic and treatment methods. Formal sessions with the Unit Medical Consultant should be scheduled at least once a month and provide for face-to-face meetings with counseling staff for case consultation and staff education. Additional meetings may be scheduled depending upon the need. It is the responsibility of the Unit Manager/Facility Director to schedule, set the agenda for, and conduct medical staff meetings. Case consultation on an interim basis should be obtained by telephone or by a visit to the Unit Medical Consultant's office, as appropriate to the complexity and urgency of the individual client.

Medical situations which must be staffed with the Unit Medical Consultant include those in which:

- A second opinion regarding chronic pain or chronic fatigue syndrome is considered desirable;
- Differentiation of an acute versus chronic condition is difficult;
- Unusual studies or treatment are involved;
- Severe disabilities which may render an eligibility determination difficult to establish, e.g. head injury, spinal cord injury, stroke, and chronic progressive conditions such as MD and MS;
- An elective hospital admission under VR sponsorship is requested when preadmission certification has been denied for a Medicaid recipient;

- There is question as to the appropriate level of care or reasonable length of stay for specific procedures or conditions;
- Require more than 7 days diagnostic hospitalization; or questions arise regarding inpatient -vs. - outpatient services or treatment.

[Rehabilitation Services Manual 540.01 - 540.08]

Revised 05-18-09

Section 1-17: Case Service Authorizations

Case service authorizations must be issued prior to or on the effective date of the service being authorized. While it is allowable to issue a verbal authorization in times of emergency situations, written authorization must be issued within three days to cover the service. The intent is to assure the vendor and the clients are aware of the service(s) being authorized. Services not authorized should not be purchased. Any retroactive authorization exceeding seven days must be approved by the Unit Manager/Facility Director except for required ancillary services associated with surgical procedures that are routinely authorized.

Section 1-18: Subrogation Rights: Assignment of Reimbursement

Subrogation rights legally allow the Division to recoup funds spent in the vocational rehabilitation or independent living rehabilitation of clients who may eventually be compensated for their injury/injuries by another third party. FORM DVR-0104 - SUBROGATION RIGHTS: ASSIGNMENT OF REIMBURSEMENT must be completed and dispensed prior to the provision of any rehabilitation service which is subject to financial eligibility, and there is a likelihood of future litigated or negotiated compensation from another source. Once FORM DVR-0104 is appropriately completed and dispensed, the Division may sponsor rehabilitation services. At such time a settlement is reached, the Division must reclaim its expenditure. FORM DVR-0104 must be completed under the following circumstances:

1. The disability was caused by a personal injury in which an insurance settlement is pending.
2. The disability resulted from an occupational injury which is subject to workers' compensation insurance requirements. Since the individual has a right to appeal a denied claim, an Assignment of Reimbursement should be secured when the original claim is denied.
3. The client has health insurance which pays directly to the client; it is the client's responsibility to notify the counselor of any funds received.
4. Any other situation when there is pending litigation regarding the individual's disabling condition.

The individual applying for services must sign the form after it is fully completed. If the individual is under eighteen, then the parent, guardian, or other legally recognized individual must also sign the form. Failure to sign constitutes failure to cooperate in the Division's legal responsibility to use comparable benefits and financial eligibility requirements thus negating eligibility to receive services based on these contingencies. The form must be notarized. Failure on the counselor's part to fully complete and accurately dispense the form will impede, if not negate, the Division's ability to recoup these funds. Completed forms mailed to the insurance carrier, employer, and attorney must be sent by certified mail.

When requested to supply financial information for settlement purposes, counselors should contact the operations manager in the state office for this information which will be communicated to the responsible party as settlement is in progress. All negotiations for partial settlements with the Division must be referred to the Information Processing Assistant in the Purchasing and Technology Services Section of the VR State Office. There are two conditions under which the Division will entertain such requests. These are:

1. When there is insufficient money to pay the total Division expenditure leading to a pro rata settlement among all parties having claims against the settlement, AND
2. When the partial settlement would offset future Division expenditures in completing the IPE.

[Rehabilitation Act of 1973, as amended; Federal Rehabilitation Manual, Chapter 2515; NC General Statute 143-547]

Section 1-19: Wage and Hour Responsibilities

Although the Division is not the enforcement authority for wage and hour regulations, all service delivery staff should have a thorough understanding of these regulations. A copy is available in each unit office. Any suspected violation or questionable practice should be reported to the appropriate supervisory staff, and if in a Community Rehabilitation Program (CRP) or Supported Employment Program (SEP), to the regional CRP specialist. Division management will determine the appropriate course of action.

Section 1-20: Unit Manager/Facility Director Approval

The following require Unit Manager/Facility Director approval:

- All successful closures (case status code 26)

- Any revisions of the case record (as covered under **SECTION 1-3 – CONFIDENTIALITY OF RECORDS**)
- Out-of-state services
- Requests for purchase of equipment outside of the state contract
- All requests for exceptions to maximum rates and fees as determined by Division policy (Unit Manager/Facility Director must approve prior to submitting to the Chief of Policy for approval)
- Exceptions to use of comparable benefits
- Cases involving excess financial resources and extenuating circumstances as determined by FORM DVR-0116 Financial Need Survey
- Any exception to the requirements for verification of income or verification of payment of allowed deductions on the FORM DVR-0116
- Retroactive authorizations exceeding 7 days except for ancillary services associated with surgical procedures
- Case Service Invoice overpayment in excess of \$100.00
- Equipment purchases in excess of \$500.00
- Power Wheelchairs/Scooters
- Residence modifications
- Job and work site modifications
- Small business proposals
- Vehicle purchases
- Vehicle modifications
- Vehicle repairs in excess of Division rates
- Approval of correspondence school/distance learning
- Part-time college attendance
- Extending time for college sponsorship
- Graduate school training
- In-home maintenance
- Extending On-the-Job Training (OJT) beyond 3 months up to 6 months
- Work adjustment job coach training in excess of 160 hours
- Supported employment hours exceeding Division maximums
- Extension of VR sponsorship of medical treatment beyond 6 months
- Personal care assistance in excess of 28 hours per week
- Approval for securing diagnostic assessment under the provision “*compelling indication of a chronic disabling condition*”
- Extension beyond 6 months for sponsorship of medically managed weight loss program
- Purchase of prescription pain medications considered controlled substances beyond 60 days
- Outpatient psychotherapy > 24 sessions
- Permanent relocation and moving expenses

Revised 05-18-09

Rehabilitation Counselor I and Rehabilitation Counselor Trainee

In addition to the requirements at the beginning of this Section, those individuals who have not yet achieved Rehabilitation Counselor II must have the following casework and service delivery forms approved by the Unit Manager/Facility Director, or designee.

- Eligibility Decision
- Ineligibility Decision
- Trial Work Plan or Extended Evaluation Plan
- IPE, Amendments and Progress/Annual Reviews which add support services to the plan.
- IPE closure documents

At the discretion of the Unit Manager, the Rehabilitation Counselor I may issue:

- Authorizations for services that have been planned and approved without further approval or supervisory sign-off on the authorization or invoice.
- Authorizations for diagnostic/assessment services without supervisory approval or sign-off.

Revised 05-18-09

Section 1-21: Client Informed Choice

Informed choice is an ongoing process and partnership with an applicant or client which provides that individual the opportunity to make decisions and selections regarding their options and methods to secure these services. The ability of the individual to choose, based on a factual knowledge that reveals all available options, and the potential implication of the individual's selection, is instrumental in the successful completion of the rehabilitation program. Division staff will provide the opportunity for individuals to participate in their rehabilitation program by providing information or assisting in the acquisition of information necessary for the individual to make informed decisions throughout the rehabilitation process. Division staff will provide, through the most appropriate means of communication for the individual to make informed decisions throughout the rehabilitation process. Division staff will provide, through the most appropriate means of communication for the individual, information concerning the availability and scope of the various choice, the manner in which decisions may be exercised, and the availability of support services for those individuals who because of their disability need assistance in exercising their options.

Application Phase

The assessment for determining eligibility must be conducted consistent with the individual's needs and choices. When necessary to provide evaluation services in order to complete the assessment, staff will provide the individual information

necessary to make a choice regarding the service, service provider, and methods to procure the service. Services will be provided consistent with the individual's informed choice.

Plan Development

Staff will provide individuals with information necessary to make decisions regarding alternative goals, objectives, services, service providers and methods to procure services or assist in the acquisition of information necessary to make these informed decisions. Information related to cost, accessibility, and duration potential services will also be provided along with information regarding qualifications of service providers, types of services offered by those providers, and the degree to which services are provided in and integrated setting. Such information will come from state; regional; or locally maintained lists; referrals to other individuals or groups in order to get information, and information related to qualifications and certifications of potential service providers.

Service Delivery

Services will be provided consistent with the full input of the individual applying for or receiving services.

Employment Outcome

The employment outcome will be consistent with the individuals informed choice as noted on the IPE, original or amended.

While working to honor client/participant choices in service planning and delivery, Division staff will apply resources in the most accountable and efficient manner. Only those services necessary to complete the rehabilitation program will be provided by the Division.

[Effective 1-1-99: 1998 Amendments to the Rehabilitation Act of 1973Sec.102 (b) (2) (B)]

CHAPTER TWO: NATURE AND SCOPE OF SERVICES

Section 2-1: Nature of Services

Vocational Rehabilitation services are provided to those individuals with disabilities who meet the eligibility criteria leading to a positive employment outcome. Employment outcome is defined as entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market (including satisfying the vocational outcome of supported employment) or satisfying any other appropriate vocational outcome. It is the policy of this Division that all services will be developed and carried out in a manner consistent with respect for individual dignity, personal responsibility, self-determination, and pursuit of meaningful careers, based on the inclusion, integration, and informed choice and full participation of the individual with a disability or the individual's representative.

Section 2-2: Scope of Services

CROSS REFERENCE: **Section 2-3, Core Vocational Rehabilitation Services**

The scope of rehabilitation services available to an individual is determined by the services required by that individual in order to reach the VR goal. All services provided must be directly related to the achievement of the goal established in concert between the client and the Counselor. The client is to play an instrumental role in determining the services received and the source from which these services are received. The Counselor's role is to assure that the client is aware of the service providers and how to access those services; and to provide the services which are within the Division's purview that have been planned with the client. It is important for the counselor to maintain a counseling relationship with the client throughout the rehabilitation process, in order to assist individuals to secure needed services including those from other agencies. The counselor must advise individuals about the availability of the client assistance program. All services planned and provided must be documented in the client's record of service. CASE NOTES and other forms are provided for documentation with some forms only available through the use of computers. Counselors are encouraged to use forms which are part of the IPE system for documentation of services after the development of the rehabilitation plan and to provide clients copies of this documentation. All services listed in this chapter are available for planning towards the accomplishment of the rehabilitation goal. Some services are subject to the client's personal financial resources or comparable benefits or both, and are so noted. The distinction is specific to the service being provided not the case status code or where the individual is in the rehabilitation process.

2-2-1: Substantial Services

A substantial service is any *Core* vocational rehabilitation service that is provided within a supportive counseling and guidance relationship and contributes significantly to the individual's successful employment outcome. Support services (e.g. maintenance, transportation, et al) serve an important purpose but, provided alone, cannot constitute substantial services. Support services must be provided in conjunction with one or more of the *Core* services.

Substantial services are further defined as those services that are required by the individual in order to begin work, to return to work, or to retain employment and that contribute to the successful outcome such that the outcome could not have been achieved without the services. Required services are identified during the analysis of the information that precedes the development of the Individualized Plan for Employment. The services are provided to meet a specific rehabilitation need identified by the client and the counselor. Both the omission of services that are required to achieve the rehabilitation goal and the provision of services that are not required to achieve the job choice are audit exceptions to the requirements of Federal regulations.

The analysis of the impairment data is a crucial step in making the decision regarding service delivery. This analysis and development must occur as soon as possible in the rehabilitation process. The Counselor's commitment and negotiation/counseling skills are important in developing the IPE, in partnership with the client, to achieve the balance of substantial services.

2-2-2: Policy Exceptions

***CROSS REFERENCE:* Section 1-20, Unit Manager/Facility Director Approval**

Exceptions to the policies concerning the provision of services must be approved by the Chief of Policy, unless approval is specifically delegated to the Unit Manager. This includes requests to exceed Division maximums, time limits, and other service selection criteria. The rationale for the exception must be submitted to the Chief of Policy to be reviewed.

2-2-3: Timeliness of Services

Services must be initiated at the earliest time the service is available and that the client is prepared and available to participate. Circumstances that require the delay of the initiation of services must be documented on the original or amended IPE.

If the initiation of the service is later than the projected date and the delay of services is minimal the circumstance for the delay may be explained on a progress review.

Section 2-3: Core Vocational Rehabilitation Services

CROSS REFERENCE: Subsection 2-2-1, Substantial Services
Section 2-7, Counseling and Guidance
Section 2-11, Job Related Services
Section 2-13, Mental Restoration
Section 2-16, Physical Restoration
Section 2-17, Rehabilitation Technology
Section 2-20 Training

The Core vocational rehabilitation services consist of the following:

- Counseling and Guidance (*refers to substantial counseling and guidance as opposed to that which is simply supportive in nature*)
- Diagnosis and Treatment of Impairments (Mental and Physical Restoration)
- Training
- Job-Related Services
- Rehabilitation Technology

Section 2-4: Academic Support Services

In addition to the specific academic support services addressed in this section, any service needed to support an educational goal may be provided according to policy limits and standards. This includes assistive technology (Section 2-5, 2-5-2) and communication services (Section 2-6).

2-4-1: Tutors

The Division can provide tutorial services in support of other training services leading to the completion of the IPE. Financial need and comparable benefits must be determined. This service cannot be provided to clients enrolled in public, private, or preparatory secondary schools. Unit Managers/Facility Directors are responsible for ensuring that vendors meet the educational qualifications for the appropriate hourly rate and that private tutors complete the DVR-0304-Miscellaneous Vendor Review process. See Volume V for rates based on the tutors qualifications.

[STATE PLAN: 34 CFR 361.42; 10 NCAC 20C .0205 and .0304]

2-4-2: Note Takers

The Division can provide note taker services in support of other training services leading to the completion of the IPE. This service is not subject to financial need however, comparable benefits must be used. This service cannot be provided to clients enrolled in public, private, or preparatory secondary schools. Unit Managers/Facility Directors are responsible for ensuring that vendors meet the educational qualifications for the appropriate hourly rate and that a DVR-0304-Miscellaneous Vendor Review form is on file in the unit office. See Volume V for rates.

[STATE PLAN: 34 CFR 361.42; 10 NCAC 20C .0205 and .0304; Section 12; 34 CFR 364.43; Eff. 2-1-96]

Section 2-5: Assistive Devices/Equipment

These services involve the provision of all equipment required for the Individualized Plan for Employment (IPE) including devices or durable medical equipment such as TTYs, wheelchairs, Hoyer lifts, or assistance to obtain these services from other sources. The Rehabilitation Engineer must be involved if the equipment is to be modified to accommodate the individual's disability. Such services are subject to both financial needs criteria and comparable benefits.

Equipment may be purchased under the following conditions:

- A. The client has the knowledge to use or can be trained to use the equipment;
- B. The equipment is required to meet the client's employment goal or is required to complete a specific training curriculum planned on the IPE in which the client is enrolled and making satisfactory progress towards successful completion of the program; AND
- C. The client has the resources to safely store, insure, and adequately maintain the equipment as documented by client signature on *DVR-1015*. This security agreement will remain in effect until the Division, at the Unit Manager's request, dissolves the agreement. Such request should not be made until the equipment has been used for at least 5 years or unless unusual circumstances necessitate release of Equipment.

If available items are not suitable for the individual rehabilitation need, the state term contracts must be considered for purchasing if the item costs more than \$100.00 or exceeds the cost of the minimum order of the state term contract. If the item needed is not available on a state term contract or if purchase outside the state term contract is justifiable, utilize the informal bid (quotations) procedure described in this section.

[G.S.148-7; G.S. 143-55]

2-5-1: Purchase of Equipment

All equipment that costs more than \$100.00 or that exceeds the cost of the minimum order for the state term contract must be purchased from mandatory state term contracts unless there is a valid justification (See purchasing procedures in 2-5-6). Equipment is any equipment required by the individual for employment or training purposes. The purchase of equipment is subject to the financial needs criteria and comparable benefits, when available. Firearms will not be purchased for any reason. Equipment cannot be purchased to enhance a client's leisure activity or hobby unless such equipment is required to enhance an individual's independent living goals and is purchased by the IL program. The Rehabilitation Engineer must be involved if either the equipment or the workspace is to be modified to accommodate the individual's disability. The purchase of equipment must be part of the client's IPE. Each client receiving equipment that costs more than \$500 will be required to sign FORM DVR-1015 – Acknowledgement/Equipment Security Agreement indicating Division ownership and lien information. All equipment remains the property of the Division until such time as it is released by the Division. Equipment should not be used by Division staff for their personal use nor stored at the private residence of Division employees. Available repossessed equipment from the **TRAINING AND PLACEMENT EQUIPMENT LIST** will be considered before buying new equipment.

Equipment Purchases for Post-secondary Training

Equipment for post-secondary training may be purchased under the following conditions:

- (1) The equipment is required to complete a specific post-secondary training curriculum that is planned on the IPE; AND
- (2) The student has been accepted to a degree curriculum program and requires three or less remedial/developmental courses OR the student is already enrolled and making satisfactory progress towards successful completion of the program (see 2-20-7 Academic Standards); AND
- (3) The client has the resources to safely store, insure (if appropriate), and adequately maintain the equipment.

Exceptions to these conditions must be approved by the Chief of Policy.

2-5-2: Computers

Computers may be purchased for individuals who require a computer to participate in a post-secondary training program which is part of the individual's

IPE. This service is subject to financial need. Computers can be provided to individuals who do not currently possess a model sufficient to accomplish their curriculum but should not be purchased for the purpose of upgrading a computer that will already meet the student's needs. Laptops can be purchased to replace desktop models if the desktop model does not sufficiently meet the technology requirements for certain colleges, universities, or technical programs. Many colleges, universities, and vocational training programs make recommendations to incoming students regarding the minimum technology required to participate in the average curriculum at their institution. Counselors should survey the client's technology needs specific to his/her intended academic or vocational program as compared to the equipment that the student already possesses. All computer purchases should include technical support and virus protection as part of the package price. Financial assistance is limited to the Division's maximum rates. Rates are outlined in Volume V under *Computer and Equipment Fees* (available on the VR intranet).

Procedures to Purchase Computers for Post-secondary Training

The Counselor and client should survey the client's technology needs by visiting the school's information and technology and/or bookstore website, by reviewing materials provided to the student by his/her academic advisor, or by contacting the school's technology, student supply, or departmental representatives directly. Counselors may access the technology support web pages for most NC four year colleges and universities by using the *NC Colleges Minimum Computer Requirements Websites* link in Volume V under *Computer and Equipment Fees* (available on the VR intranet). Note that many distance learning programs as well as technical programs such as engineering and graphic arts have unique and specific technology requirements that may be separate from typical campus-based programs. The Counselor must also determine whether computers are available through the institution's student bookstore before initiating the purchase process.

1. Community Colleges, Proprietary Schools, and Special Training Programs for Individuals with Significant Disabilities

For students enrolled in post-secondary training programs at community colleges, proprietary schools, or special training facilities for individuals with significant disabilities, computers should be purchased through state term contracts. The Counselor must complete the Client Computer Purchase Request form (form DVR-0309). This form should be forwarded to the DVR Purchasing section by fax, mail, or email at dvr.o.purchasing@dhhs.nc.gov. Once verification is received from the DVR Purchasing Agent, the Counselor should generate an authorization and case service invoice to the appropriate vendor and maintain these documents in the case file until the computer is delivered. When at all

possible, computers should be delivered to a VR office so that the Counselor can assure that the client receives the computer and so that all paperwork is appropriately processed. The packing slips and invoices should be submitted along with the authorization and case service invoice to the Controller's Office for payment.

2. Colleges/Universities

Computers Available for Purchase through Campus Bookstore

For students enrolled in post-secondary training programs at colleges or universities whose bookstores sell computers directly, the Counselor should issue an authorization to the bookstore for up to the Division's maximum rate (rates published in Volume V on the VR intranet). Students may choose any system available at the bookstore which meets the student's needs up to the maximum amount.

Computers Unavailable for Purchase at Campus Bookstore

For students enrolled in post-secondary training programs at colleges or universities which do not sell computers directly from the campus bookstore, the Counselor should purchase a computer through state term contracts not to exceed the Division's maximum rates (rates published in Volume V on the VR intranet). The Counselor must complete the Client Computer Purchase Request form (form DVR-0309). This form should be forwarded to the DVR Purchasing section by fax, mail, or email at dvr.o.purchasing@ncmail.net. Once verification is received from the DVR Purchasing Agent, the Counselor should generate an authorization and case service invoice to the appropriate vendor and maintain these documents in the case file until the computer is delivered. When at all possible, computers should be delivered to a VR office so that the Counselor can assure that the client receives the computer and so that all paperwork is appropriately processed. The packing slips and invoices should be submitted along with the authorization and case service invoice to the Controller's Office for payment.

NOTE REGARDING COMPUTER PURCHASES FOR TRAINING:

An individual's disability-related need for a specific computer or related software or hardware may justify a purchase outside of state contract. This justification should be provided based on review by a Rehabilitation Engineer or Assistive Technologist and a description by the Counselor outlining the need for alternate equipment (see also Assistive Technology below).

Internet Service: The Division does not purchase internet service, in and of itself, for clients to participate in postsecondary training. For individuals living in

on-campus housing or accessing the internet through wireless connections at the college/university libraries, internet service is typically included as part of the housing and/or technology fees. Therefore, individuals who are receiving Division assistance with room and enrollment fees should expect internet service fees to be included as part of the room and board or student fees assistance. Exceptions to these circumstances, such as internet service being provided as part of in-home maintenance, must be approved by the Chief of Policy.

Assistive Technology may be purchased for individuals who require adaptive software, hardware, augmentative communication, environmental controls, voice recognition, or equivalent adaptive input devices when they are absolutely required for the individual to access or participate in a post-secondary training program. This service is subject to financial need. The Counselor, Rehabilitation Engineer, or Assistive Technologist should individually assess the client's need for assistive technology. Adequate planning should be provided to ensure that any computer model owned or purchased is fully compatible with the adaptive software or assistive devices required. The Chief of Policy must approve the purchase of assistive technology to support an individual's participation in training. Counselors should refer to section 2-5-6 for purchasing procedures.

Curriculum-specific software, hardware and supplies may be purchased for individuals who require these items to participate in a post-secondary training program and who meet financial need. These supplies must be outlined as required items on course syllabi and/or a published post-secondary program description. If purchasing software or hardware, the Counselor and client should ensure compatibility between the items being requested and the computer owned or purchased. If unclear, Counselors should consult with the Rehabilitation Engineer and/or the Program Specialist for Rehabilitation Technology. Division assistance with curriculum-specific software, hardware, or supplies will be limited to \$500.00. Any request exceeding this amount must be approved by the Chief of Policy.

NOTE REGARDING EQUIPMENT PURCHASES FOR POST-SECONDARY TRAINING: The Division will not purchase upgrades or improved versions of computers, assistive technology, or curriculum-specific software to support a post-secondary training program following the initial purchase unless the individual can no longer use the device or software because of a significant change in his/her disability.

Equipment Purchases for Job Placement

Equipment for job placement may be purchased under the following conditions:

- (1) The equipment is required for disability-related reasons and not available through other comparable benefits; AND
- (2) The equipment is usual and customary for the client's vocational goal and will be used by the client towards completion of the IPE; AND

- (3) The client has the resources to safely store, insure (if appropriate), and adequately maintain the equipment.

Computers and **assistive technology** such as adaptive software, hardware, augmentative communication, environmental controls, voice recognition, or equivalent adaptive input devices may be purchased when they are absolutely required for the individual to access or participate in his/her rehabilitation program according to the conditions listed above. This service is subject to financial need. The client's need for assistive technology should be individually assessed by the Counselor and Rehabilitation Engineer or Assistive Technologist. Adequate planning should be provided to ensure that there is compatibility between all system components. The Chief of Policy must approve the assistive technology requested to support an individual's job goal. The Counselor should refer to Section 2-5-6 for the purchasing procedures for purchasing computers, adaptive software, adaptive hardware, or adaptive devices required for job placement.

NOTE REGARDING EQUIPMENT PURCHASES FOR JOB PLACEMENT:

The purchase of equipment to support a small business plan will be uniquely considered. Non-disability-related equipment may be purchased as part of a small business concept which has been approved by the Chief of Policy.

Equipment purchases for small businesses are still subject to purchasing policies (See Policy Directive #3-10 – Self-Employment). For equipment purchases which support job placement in general, the Division will not purchase upgrades or improved versions of computers or assistive technology to support the individual's rehabilitation program following the initial purchase unless the individual can no longer use the device or software because of a significant change in his/her disability.

Comparable Benefits for Equipment Purchases

All comparable benefits must be utilized prior to expending agency funds for placement and post-secondary training equipment. Individuals participating in post-secondary training programs should be encouraged to use those comparable benefits similarly utilized by students without disabilities. However, if the general student body requires access to personal computers in order to meet the training or academic demands of a specific program or institution, individuals will not be excluded from Division support for the purchase of computers and related assistive technology just because computer labs may be available on campus.

In addition, Social Security work incentive options, Impairment Related Work Expense plans (IRWE), and Plans to Achieve Self-Support (PASS) must be explored and used when applicable with collaboration from the VR Counselor and the Social Security's PASS Cadre Specialist who approves and monitors PASSes.

Equipment Security Agreement

The Counselor is responsible for completing the Acknowledgement/Equipment Security Agreement, DVR-1015 for any equipment costing \$500 or more upon receipt of the equipment. The form must be maintained in the case record with all required signatures completed. For individuals for whom equipment was purchased to support participation in a post-secondary training program, if the individual withdraws from the training program and no longer requires the equipment to complete the IPE, the client is responsible for notifying the Counselor of such withdrawal and to return the equipment to the Division.

[10A NCAC 89C .0305]

2-5-3: Durable Medical Equipment

CROSS REFERENCE: **Interim Policy and Procedure Directive #06-04, Durable Medical Equipment**

Durable medical equipment (DME) is that which (a) can withstand repeated use; (b) is primarily and customarily used to serve a medical purpose; (c) generally is not useful to a person in the absence of an illness or injury; and (d) is appropriate for use in the home. See DME purchasing procedures in this section for more information (Section 2-5-4).

[34 CFR 364.4; NC G.S. 143-53; NC G.S. 143-55; §1861(s) (6) of the Social Security Act]

Revised 10/1/2011

2-5-4: Procedures to Purchase Durable Medical Equipment

A prescription is required to purchase durable medical equipment and must be included with the authorization or purchase order and specifications to the vendor. For purchase of Durable Medical Equipment that is on a State Term Contract, the Rehabilitation Counselor must purchase the equipment using the established rate, or in the absence of such, the Medicaid rate. The normal bidding process does not apply since the Division is limited to paying a fixed rate. Approval by the Chief of Policy is not required when purchasing Durable Medical Equipment costing \$2501.00 or greater on State Term Contract or when using an established Medicaid rate. The Counselor issues the authorization to a State Term Contract vendor or, with justification approved by the Unit Manager, a vendor outside of the state term contract process that accepts the State Term Contract or Medicaid rate, whichever is greater.

Moreover, purchase of Durable Medical Equipment from a state contract vendor is required when the specific item is available through this means. If equipment

is not available through the State Term Contract, or justification for purchasing outside of the state contract is approved by the Unit Manager, the counselor in partnership with the client selects a reputable dealer and issues authorization for the item using the established State Term Contract rate, or in the absence of such, the Medicaid rate (In some instances, state contract rates are negotiated at a slightly higher rate than the established Medicaid rate).

Comparable benefits must be utilized when available in the purchase of Durable Medical Equipment.

The following procedures apply to the purchase of Durable Medical Equipment that does not have an established Medicaid rate or State Term Contract rate:

**Durable Medical Equipment Without an Established Medicaid Rate
Costing \$2501.00 or more (Wheelchairs, Scooters, etc.)**

1. A prescription is required in order to purchase.
2. Comparable benefits must be utilized when available.
3. The Unit Manager reviews and provides initial approval for the request for purchase of equipment.
4. If the UM approves, the request is forwarded to the Chief of Policy for final review and approval. If approved, the Chief of Policy, in consultation with the Fiscal Services and Purchasing Sections, will determine the rate of payment and method of purchase.

**Durable Medical Equipment Without an Established Medicaid Rate
Costing \$2500.00 or less:**

1. A prescription is required in order to purchase.
2. Comparable Benefits must be utilized when available.
3. The Unit Manager reviews and approves the requests for purchases greater than \$500.00.
4. The Rehabilitation Counselor contacts Fiscal Services (<mailto:dvr.m.fiscalservices@dhhs.nc.gov>) for consultation on setting the rate of payment.
5. The Rehabilitation Counselor issues the authorization for the Durable Medical Equipment.

For all other Durable Medical Equipment and Medical Equipment, the Medicaid rate or the Division's set rate will be paid. If there is no rate, contact Fiscal Services (dvr.m.fiscalservices@dhhs.nc.gov) for clarification of the Medicaid rate or for the Division's set rate.

2-5-5: Telecommunicative Devices

The Division will evaluate the needs of all eligible sensory impaired clients for telecommunications, sensory, and other technological aids and devices. These

services include the widest range of electronic or assistive listening devices that are available and have demonstrated an ability to aid a person's chances of going to work or living more independently. Assistive listening devices include hardware devices, FM systems, loops, infra-red devices, direct audio input hearing aids, telephone aids and speech assistance devices. Such services are subject to an individual's financial need and comparable benefits, when available. Individuals needing telecommunication systems and devices should be referred to the Assistive Technology Consultant for the Deaf who will contact and involve appropriate Division resources and vendors prior to assessing client need and making recommendations. The counselor should submit an authorization to the North Carolina Assistive Technology Program for services rendered. Contact the North Carolina Assistive Technology staff for rates.

Requirements for purchasing such devices are as follows:

- A. The client must have a telephone or be able to afford the cost of telephone installation, monthly bill and maintenance in order to receive assistance with assistive devices requiring a telephone.
- B. Text Telephones-Teletypewriters (TTYs) and other assistive devices are registered with property control if they cost \$500 or more. The client must sign *Form DVR-1015 - Acknowledgment/Equipment Security Agreement* for any equipment costing \$500 or more indicating that the device remains the property of the Division for a period of five years from the date of purchase and that the device must be used as indicated in the IPE. The Division will maintain ownership of all assistive listening devices, and will repossess all assistive devices if the client discontinues their use as outlined in the IPE.

Assistive Listening Devices for Students in Post-secondary Education

The Division can encourage educational institutions to provide assistive listening devices for students who are deaf and hard of hearing. Most students who use a hearing aid have difficulty understanding speech due to background noise. Hearing aids have a tendency to enhance all sounds at the same time, thereby drowning out the sounds of speech.

Several amplification systems are available to improve hearing ability in large areas, such as lecture halls and auditoriums, as well as in interpersonal situations (group discussions, and instructor conferences). These systems work by delivering the speaker's voice directly to the ear (with or without personal hearing aids), thus overcoming the negative effects of noise, distance, and echo, thereby improving understanding ability. It is the educational institution's responsibility to provide these large FM systems.

Assistive listening devices for students in post-secondary educational programs should not be purchased without the recommendation of the Assistive Technology Consultant for the Deaf and counselor

documentation that such a system is not available from the educational institution for use by the student. The Counselor should submit an authorization to the North Carolina Assistive Technology Program for services rendered. Contact the North Carolina Assistive Technology staff for rates.

The Assistive Technology Consultant for the Deaf will contact the client, the postsecondary institution, and involve appropriate vendors prior to making recommendations. Equipment may be purchased under the following conditions:

- A. The device is required for the student to achieve the academic goal and is part of the IPE; AND
- B. The device is mobile and can be used in a work environment after obtaining the degree.

Comparable Benefits

The Division of Services for the Deaf and Hard of Hearing has the Equipment Distribution Service, which provides access to telecommunications devices for people who are Deaf, Hard of Hearing, Deaf-Blind, and Speech Impaired but whom have difficulty affording these devices.

The Equipment Distribution Service Hearing Aid Program provides one hearing aid that allows individuals with hearing loss to communicate on the telephone using a hearing aid telecoil (T-coil). The goal is to provide equal access through the telephone system and Relay Service. Devices are free to qualified individuals.

Types of Devices Available Through the Equipment Distribution Service:

- TTY
- Loud Ringers
- Volume Amplifiers
- Large Visual Displays
- Artificial Larynx
- Stutter Inhibitors
- Light Phone Signalers
- Other

Types of Hearing Aids Available Through the Equipment Distribution Service Hearing Aid Program: (one hearing aid per person)

- Digital Hearing Aid
- Analog Hearing Aid
- Behind-the-Ear Hearing Aid
- In-the-Ear Hearing Aid

To apply, contact one of the following sources:

- the Division of Services for the Deaf and Hard of Hearing in Raleigh
- the Regional Resources Center in your area
- or the Rehabilitation Counselor for the Deaf in your area

[Section 103(a) (11); 10 NCAC 89C.0310; State Plan, section 12;]

2-5-6: Procedures to Purchase Other Equipment

CROSS REFERENCE: **Section 1-20, Unit Manager/Facility Director Approval; Section 2-16-2, Hearing Aids**

All equipment that costs more than \$100.00 or that exceeds the cost of the minimum order for the state term contract must be purchased from mandatory state term contracts unless there is a valid justification. Any item provided by the NC Department of Corrections (Correction Enterprises) must be obtained from Correction Enterprises. (<http://correctionenterprises.com>). Items/services available from Corrections Enterprises would primarily be office furniture, printing and eyeglasses (Nash Optical). Firearms will not be purchased for any reason. Each client receiving equipment that costs more than \$500 will be required to sign *Form DVR-1015, Acknowledgement/Equipment Security Agreement* indicating Division ownership and lien information. All equipment remains the property of the Division until such time as it is released by the Division. Available repossessed equipment will be considered before the purchase of new equipment.

In accordance with State Purchasing and Contract rules, the following purchasing procedures have been developed based on the cost of the equipment.

Definition

EQUIPMENT PURCHASING PACKET: A packet of information submitted to the state office which includes the following:

- * The client's full name and VR
- * Primary disability code
- * The VR office location
- * The caseload code
- * The client's mailing address
- * The delivery address for the equipment (include county)
- * The specific equipment to be purchased, with the cost, manufacturer, model number, part and/or serial number, and quantity, with a copy of the vendor brochure or literature
- * Justification for purchasing outside of the State term contract
- * Justification for single sourcing if it is requested
- * Prescription for durable medical equipment in order to be

exempted from state sales tax

Equipment Costing \$100.00 or Less OR Items Purchased Below the Required Minimum for the Individual State Contract

- Equipment or supplies that cost \$100.00 or less or do not meet minimum order for the state term contract may be purchased from the most suitable source. Individual contracts should be referenced for the minimum order amount.
- Quotations are not required, but comparison of costs for the most cost-effective solution is expected and must be documented in the case record.

EXAMPLE: The minimum order for metal storage units is \$250.00; so metal storage units that cost less than \$250.00 may be purchased outside of the state contract without justification.

Equipment Between \$101.00 and \$500.00

- Mandatory purchase from state term contract unless justified
- If purchased outside the state term contract, justification must be maintained in the case record.
- Quotations are not required, but comparison of costs for the most cost effective solution is expected and must be documented in the case record.
- Counselor issues an authorization directly to the vendor on state term contract or, if justified, to the lowest bidder.

For Equipment Costing Between \$501.00 and \$2,500.00

- Mandatory purchase from state term contracts unless justified.
- The Unit Manager will approve the request for purchasing the equipment.
- Justification for purchasing outside the state term contract must be approved by the manager and the documented justification maintained in the case record.
- If the equipment is not available through state term contract or justification for purchasing outside the state term contract is approved by the Unit Manager, a minimum of three (3) quotations is required. Quotations (Informal bids) may be written, faxed or verbal and must be maintained in the case record.
- Counselor issues an authorization directly to the vendor on state term contract or, if justified and approved to the lowest bidder.

For Equipment Costing \$2,501.00 or More

- Mandatory purchase from state term contracts unless the equipment is not covered by state term contracts or purchase outside the contract is justified.
- A narrative explanation to request the purchase will be prepared by the Counselor and approved by the Unit Manager/Facility Director.
- If purchase outside the state term contract is justified and approved by the Unit Manager/Facility Director, this justification will be included in the purchasing packet.
- The Unit Manager's/Facility Director's approval, the narrative and the PURCHASING PACKET will be forwarded to the Chief of Policy.
- If approved, the Chief of Policy will forward the PURCHASING PACKET to the Purchasing Unit.
- The Purchasing Unit will be responsible for purchasing from the state term contract and all bidding and purchasing procedures for equipment purchased outside the state term contract.
- The Purchasing Unit will issue the purchase order to the vendor and send a copy to the Counselor.
- The Counselor will generate an authorization for the case file and to attach to the invoice. The Counselor will attach a copy of the purchase order to the authorization in the file and to the invoice for processing. **If a purchase order is issued, the authorization must not be sent to the vendor as this often results in duplicate orders and confusion.**

Procedures for Purchasing Equipment on the State Term Contract

Information regarding vendors who have been awarded state term contracts is available through the State Purchase and Contract Web Site at:

www.doa.state.nc.us/PandC/

To utilize the web site:

1. Logon to the State purchasing internet site.
2. Select Term Contract link.
3. Utilize the "Term Contract Key Work Listing" and press "Go."
4. Click on the key word for the equipment.
5. On each contract site review the information available regarding scope of contract, discounts and details for making an order. Information is available that will help the individual or the counselor clarify equipment specifications to the vendor. For example, in the contract for Venetian Blinds there is a section on "Taking measurements."
6. Note the minimum order information (Usually #5 on the contract).

There is very little on-line pricing information available. Vendors' websites could be used for pricing ideas. In addition, there is the option to utilize the e-procurement search feature by clicking on "non-system user" and typing in the item that the individual and counselor would like to price. However, this is a time-consuming process that requires many refined searches to actually price one item at a time.

At this time, the most practical procedure is as follows:

1. Click on "Contractors" in each contract site.
2. Select one or more contractors from whom the individual and counselor would like prices
3. Attach the specifications for the equipment or list of equipment and email the contractor asking for prices for this item. (There is an email link on the contractor list.)
4. If there is undue delay in the response of the contractors, call the purchasing unit for assistance.
5. Delay in response from contractors or delivery may be a justification for purchasing outside the contract if the client needs the equipment immediately.

There is no requirement for getting quotations or bids for items purchased through the state term contracts; however, locating the best price for the type of equipment required by the client will be best achieved by contacting several vendors who are on the state term contract for the prices of equipment needed by the client. If a contractor consistently meets the needs for equipment, there is no requirement to contact multiple vendors for each purchase.

Purchasing Outside of the State Term Contract

All purchases made outside the state term contracts that cost over \$100.00 or exceed the cost of the minimum order for state term contracts must be justified utilizing the following state statute.

The procedure is as follows:

1. For items \$500.00 or less dollars, no quotations or bids are required. Compare catalogs, price lists and discounts in order to find the most cost-effective solution and document the comparison of costs in the case record.
2. A minimum of three (3) quotations (informal bids) should be sought for purchase of training and placement equipment that costs between \$500.01 and \$2,500. Bids may be written, faxed, or verbal. Telephone quotations, from vendors are acceptable if the vendors are identified and the quoted prices are maintained in the client record. All bids and quotes received must be maintained in

the client record. The proposed purchase must be discussed with and approved by the Unit Manager.

3. Form *DVR-0194*, Wheelchair Request and the Execution of Bid must be completed for wheelchair purchases. In lieu of page 1 of *DVR-0194*, comparable specifications may be substituted. Bids may be written or faxed as described above.
4. All equipment requests over \$2,500 must be forwarded to the Purchasing Unit for purchase from the state term contract or for execution of the bid process.

Purchases for Persons with Disabilities

To comply with state purchasing laws related to persons with disabilities, the Rehabilitation Act of 1973, as amended, and the American with Disabilities Act, as amended, the Division shall allow for the following:

- A. The involvement of the individual in the choice of particular goods, service providers, and in the methods used to provide the goods and services;
- B. The flexibility necessary to meet those varying needs of individuals that are related to their disabilities;
- C. The purchase outside of certified sources of supply (state contract) and the waiving of competition when a single source can provide multiple pieces of equipment, including adaptive equipment, that are more compatible with each other than they would be if they were purchased from multiple vendors;
- D. Priority consideration to suppliers offering the earliest possible delivery date of goods or services especially when a time factor is crucial to the individual's ability to secure a job, meet the probationary training periods of employment, continue to meet job requirements, or avoid residential placement in an institutional setting; AND
- E. Consideration of the convenience of the provider's location for the individual with the disability.

The following criterion shall also be considered:

- Cost-effectiveness
- Quality
- The provider's general reputation and performance capabilities
- Substantial conformity with specifications and other conditions set forth for these purchases
- The suitability of the goods or services for the intended use
- The personal or other related services needed
- Transportation charges
- Any other factors pertinent to the purchase

[G.S. 143-53; *State of North Carolina Agency Purchasing Manual (VII-6)*]

2-5-7: Equipment Repairs

Equipment repairs may be sponsored if such repairs are required in order to complete the rehabilitation program or as part of a post-employment plan. Counselors should secure several quotes of repairs estimated to be \$200.00 or less and may approve such repairs. Repairs estimated to exceed \$200.00 should be purchased through the bid process. Unit Manager/Facility Director approval is not required for equipment repairs. However, Counselors should be aware of the cost of the repairs in relation to the value of the equipment being repaired. This service is subject to financial need and comparable benefits.

Section 2-6: Communication Services

These services are provided to enable the client to better communicate with other people. These services include, but are not limited to, foreign language translator and interpreter services, interpreter services (sign language & oral), tactile interpreter services for individuals who are deaf and blind, cued speech services, Braille training, reader services and training in use of communication equipment. Communication accessibility may be required at any time during the rehabilitation process in order to allow the individual to have access to all rehabilitation services.

2-6-1: Foreign Language

Title VI of the Civil Rights Act of 1964 is the Federal Law that protects individuals from discrimination on the basis of their race, color, or national origin in all programs that receive Federal Financial Assistance. Title VI requires linguistic accessibility to health and human services. Therefore foreign language interpreters/translators will be sponsored at any time during the rehabilitation process when the applicant/client is unable to understand either verbal or written information presented by the Division.

The U. S. Office for Civil Rights has interpreted Title VI to require all recipients/agencies receiving federal funds to implement the following specific guidelines:

- A. The Counselor is responsible for determining the client's preferred language and providing a qualified foreign language interpreter/translator at the earliest possible opportunity before or after the initial contact with the Division.
- B. VR forms and documents are available in Spanish for individuals with Limited English Proficiency (LEP). The Counselor may contact the Specialist for the Deaf and Hard of Hearing/Communicative Disorders for assistance in locating a qualified interpreter/translator for Spanish.

- C. Interpreters/Translators for all languages must be qualified and trained with demonstrated proficiency in both English and the native language of the client. The Membership Directory of the Carolina Association of Translators and Interpreters is available at:

<http://www.catiweb.org/>;

However, it is not required that all qualified interpreters/translators be listed in this directory.

- D. VR must offer translation services at no cost to the person with Limited English Proficient (LEP). Rates for foreign language interpreting services are listed in Volume V. The Unit Manager/Facility Director can approve exceptions. A minimum of two-hours will be authorized per session. Such services are not subject to the financial need criteria; however, comparable benefits must be used when available. Travel and approved per diem may be authorized according to the allowable IRS rates paid State employees. VR staff may use RCC 1292 budget for foreign language interpreting services only. Authorization should state foreign language interpreting services.
- E. Interpreter/Translator services must not be authorized to a member of the client's family. Minors (age 18 or under) shall not be used to interpret.
- F. Information to verify identity and employment eligibility is in Section 1 – 9.

2-6-2: Interpreting Services (Sign Language and Oral)

The Americans with Disabilities Act (ADA) has focused the United States on removing the barriers that deny individuals with disabilities an equal opportunity to share in and contribute to the vitality of American life. The ADA means access to jobs, public accommodations, government services (VR), public transportation, and telecommunications – in other words, full participation in, and access to, all aspects of society (Dunne, 1990).

VR Counselors for the Deaf must determine a client's mode of communication to ensure that an appropriate interpreter is employed to meet the client's communication needs before diagnostic and evaluation services are begun or anytime throughout the rehabilitation process. Such services are not subject to the financial need criteria; however, comparable benefits must be used when available. The assessment for determining eligibility and rehabilitation needs should determine the client's ability to communicate, and the IPE should note any potential need for interpreting services.

The Division may also provide sign language instruction for clients who are deaf

on an individual or group basis when this service is an essential part of the IPE. Interpreters may be provided during the appeals, mediation, and administrative review process.

Interpreters may be provided during appeals, mediation, public hearings, and administrative review process.

All freelance interpreters and private interpreting agencies utilized by the NCDVRS must be licensed by the North Carolina Interpreters and Transliterators Licensure Board. Educational Interpreters utilized by NCDVRS must be licensed by the Board or meet the certification requirements established by the National Registry of Interpreters for the Deaf. (See Volume V for rates for interpreting services).

The following types of interpreting services may be used:

- A. Sign language interpreting – ASL, signed English, or pidgin, the interpreter “visually” relays the spoken word to the student in whatever sign system is agreed upon.
- B. Oral interpreting – the interpreter ‘mouths’ the words spoken for the deaf or hard of hearing student. Sign language may sometimes be used as filler.
- C. Tactile interpreting – is used by deaf-blind students who need to ‘feel’ the formation of signs that the interpreter is making. The student places their hands on the interpreter’s hands while interpreting. Some students can also use on-the-palm printing.
- D. Low-vision interpreting – is used by deaf / low-vision students who cannot see the interpreter from a distance. The interpreter and student face each other at a closer distance to enable the student to see the interpretation.

Payment for Freelance Interpreters

(See Educational Interpreting, Special Programs - Deaf Students)

The Division has adopted the guidelines and the pay scale established by the Department of Health and Human Services’ Approved Interpreters List. The Division has an ascending pay scale as delineated in Volume V for licensed interpreters, private interpreting agencies, and educational interpreters.

- The counselor should utilize an interpreter with full state license when possible.
- Normal reimbursement rates will apply during weekdays between the hours of 7:00 am to 5:00 p.m. During all other times and days, and during State recognized holidays, reimbursement will be at the rate of one and one-half times the normal rate.
- Time and one-half will also apply to last minute or emergency requests with twenty-four (24) hours or less notice.
- Interpreters will be paid for a minimum of two hours per assignment.

- Mileage may be authorized at the allowable IRS rates for State employees.
- Per diem expenses may be authorized at the allowable rates for State Employees with advance approval from the counselor or the unit manager.

VR staff serving clients who are deaf should contact the Program Specialist for the Deaf and Hard of Hearing in the State Office for consultation and/or instructions on how to authorize for interpreting services.

[10A NCAC 89C .0308]

2-6-3: Reader Services

Generally if a client needs reader services, the Division of Services for the Blind will serve this client and provide these services. However, if a client served by VR needs reader services, contact the Program Specialist for the Deaf and Communicative Disorders for assistance. Reader services are authorized out of the counselor's regular budget.

Section 2-7: Counseling and Guidance

CROSS REFERENCE: Section 2-3, Core Vocational Rehabilitation Services

These services cover an array of counseling and guidance issues for Division clients that could be general, or specific and substantive in scope. Services in this category are not subject to financial need or comparable benefits. Supportive "counseling and guidance" is an integral part of any rehabilitation program and may be provided at any time during the rehabilitation process. When provided as a *Core* service, counseling and guidance must be of a substantial nature that addresses separate and specific objectives with documentation of regular appointments and progress toward objectives. Additionally, counseling and guidance provided as a *Core* service is distinct from the general or supportive counseling relationship that exists between the counselor and client and that accompanies the provision of other *Core* rehabilitation services.

[10A NCAC 89C, Section .0302]

Section 2-8: Day Care

Day care services may be provided as a service in support of another rehabilitation service. Such services are subject to the individual's financial need and comparable benefits when available. Providers must be approved by the NC Division of Child Development. (See Section 1-15-6)

[34 CFR 361.42]

Section 2-9: Driver's Evaluation and Training

***CROSS REFERENCE:* Appendix Entry- Driver Evaluation and Training Services**

Handbook: Counselors shall utilize the "Counselor's Driving Evaluation and Training Process" located on the intranet.

Driver evaluation and training may be sponsored for those clients who require such training in order to obtain a driver's license. If the individual has never had a license, had the license revoked, or cannot get the license renewed due to the development of a disability, it may be necessary to secure both evaluation and training prior to getting a license.

Individuals who have cognitive, visual, or other physical impediments with questionable driving ability or restrictions must receive such evaluation and training prior to the Division agreeing to purchase and/or modify a vehicle. Any individual requesting driving control modifications, including hand controls and left foot accelerators, must complete a driving evaluation prior to modifications of their vehicle, except when all three of the following conditions are met generally for purposes of providing replacement equipment:

- A. The individual has previous and current experience driving with driving control modifications; AND
- B. The individual's disability is stable; AND
- C. The individual is requesting functionally equivalent modifications.

The evaluation must be conducted by a driver rehabilitation specialist, an individual who is licensed, trained, and experienced in evaluating individuals with specific disabilities. Individuals who have never had a driver's license are required to pass the written and eye examinations and to obtain either a driver's permit or a "Restricted Driving Permit" prior to participating in an in-vehicle evaluation or training. Financial need and comparable benefits must be determined prior to the initiation of the training phase.

Section 2-10: Information and Referral

As a VR support service, information and referral services are provided to individuals who need services from other agencies (through cooperative agreements) not available through the VR program. Information and referral is a support service which is not subject to financial need.

Section 2-11: Job Related Services

CROSS REFERENCE: Section 2-3, Core Vocational Rehabilitation Services; INTERIM POLICY AND PROCEDURE DIRECTIVE #04-2006 Division Sponsored Drug Testing for Clients

The North Carolina Division of Vocational Rehabilitation is committed to locating and placing eligible and qualified individuals with disabilities in the best possible job. Job development and job placement services are primary services of the Division and as such are primary responsibilities assigned to service delivery personnel. The job placement process is the culmination of the rehabilitation counseling endeavor which focuses directly on the employment outcome goal required for all VR clients served by the Division. The job development and job placement process requires a substantial amount of planning and effort by service delivery personnel both in the early stages of plan development and towards the culmination of the program. Job placement and development services are not subject to either the client's financial need or comparable benefits.

Job-Related Services consist of the following:

- **Job Search Assistance:** activities that support and assist a consumer in searching for an appropriate job. Job search may include help in resume preparation, identifying appropriate job opportunities, developing interview skills and making contacts with companies on behalf of the client.
- **Job Placement Assistance:** a referral to a specific job resulting in an interview, whether or not the individual obtained the job.
- **On-the-Job Supports:** defined as support services provided to an individual who has been placed to enhance job retention. Such services include job coaching, follow-up and follow-along, and job retention services.

The level of involvement by the VR professional in job placement may best be described as Direct or Indirect:

- **Direct Placement:** A direct placement is one where the VR professional, the client, and the employer discuss the available job that the consumer is seeking. The VR professional, client and employer have connected at some point prior to the client being hired. A direct placement should denote that a relationship exists with the employer.
- **Indirect Placement:** An indirect placement is one where the VR professional informs the client that a particular employer is hiring and the client goes out on his/her own to find out about the job. If the client gets a job independent of

the VR professional, the placement should be considered indirect.

2-11-1: Implications for Section 504 and ADA

The fundamental approach taken by the regulations for each law is that an employer cannot ask whether the applicant is a person with a disability nor ask about the nature or severity of the disability. However, the employer may make pre-employment inquiry into an applicant's ability to perform job-related tasks or functions or, if there is a known disability, ask the applicant to demonstrate or explain how, with or without reasonable accommodation, the individual would perform job-related functions.

Regulatory requirements safeguard the confidentiality of all personal information concerning the individuals served by the State Vocational Rehabilitation Division. A Counselor must be cognizant of these requirements in discussions with employers or potential employers of persons served by the Division. In placement efforts, a Division employee must obtain a signed *Consent for the Release of Confidential Information* prior to discussing a specific individual with a potential employer. It is not required that a new release be obtained for each employer. During the placement effort, the Rehabilitation Counselor should discuss functional limitations only as they relate to the client's ability to perform the essential functions of the job with or without reasonable accommodations. As the employer only needs to know whether the client has any functional limitations which will impact on specific job tasks, the Counselor must limit the discussion to any functional limitations that will impact on the client's ability to perform the job tasks or functions identified by the employer. This discussion may also include identifying reasonable accommodations which have been provided or could be provided. The specific disability should not be discussed by the Counselor with the potential employer.

[Section 504 of the Rehabilitation Act of 1973 as Amended through 1988; Section 102(c)(2) of the Americans with Disabilities Act of 1990; 34 CFR 104.14; 29 CFR 1630.2(n)(3), 1630.13(a) and 1630.14(a); 34 CFR 361.49]

Section 2-12: Maintenance

CROSS REFERENCE: INTERIM POLICY AND PROCEDURE DIRECTIVE #02-2008 Room and Board Rates for Postsecondary Training

Maintenance means monetary support provided for those expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual, and that are necessitated by the individual's participation in an assessment for determining eligibility and rehabilitation needs or while receiving services under an IPE. Maintenance for housing is a short-term expenditure and

is only provided when individuals are participating in services that are not within commuting distance of their own home. Maintenance is not intended to pay for those living expenses that exist irrespective of the individual's involvement with rehabilitation. Rather maintenance is a limited service designed to assist the individual with meeting the additional costs incurred while participating in a rehabilitation program. Financial need must be determined except in those situations when maintenance is required in support of an assessment service required to determine eligibility or rehabilitation needs. Comparable benefits must be used when available. Maintenance services include:

- Basic payments (room, board, incidentals) while attending college, university or other long-term training
- Basic payments while client is in travel status to obtain services or for a short-term training session
- Basic payments for placement expenses incurred in conjunction with job interviews or employment, up to receipt of initial pay check

NOTE: Unit Managers/Facility Directors must review and sign all case service authorizations for maintenance when the client lives in his/her home or in the home of a family member. All exceptions to the Division's maximum limits for maintenance must be approved, in advance, by the Chief of Policy.

SPECIAL CIRCUMSTANCES

The Division has established specific rates, based on cost, for certain rehabilitation facilities, educational programs, and rehabilitation homes. Maintenance services cannot routinely be used to meet the needs of persons leaving institutions who have income needs. However, clients being discharged to the community who need financial assistance in order to complete a rehabilitation program may be given short-term assistance until other arrangements can be made.

[10A NCAC 89C, Section .0305]

Section 2-13: Mental Restoration

CROSS REFERENCE: Section 2-3, Core Vocational Rehabilitation Services

Mental restoration services are those services which are necessary to correct or substantially modify a mental impairment that is stable or slowly progressive. Mental restoration is subject to the client's financial need and comparable benefits, when available.

The implementation of Mental Health Reform has led to the creation of target and non-target populations. Mental Health consumers falling into the non-target

population will no longer be eligible for outpatient therapy services under the public mental health system. Because of this significant change, it is anticipated that more individuals with mental health disabilities will need Division assistance with outpatient therapy than before so that they can reach and maintain a level of stability that will enable them to successfully complete a program of vocational rehabilitation services.

In many areas of the state, especially in rural areas, a shortage of mental health therapists exists. Recognizing this fact, the North Carolina Division of Medical Assistance has expanded the types of mental health therapy providers that it will pay for outpatient behavioral health services. Expanding the Division's list of psychotherapy provider types to bring it into line with revised policy from the Division of Medical Assistance will help in addressing the shortage in therapists.

If outpatient therapy is available through the public mental health system, this, as in the past, would be considered a comparable benefit. Also, it must be emphasized that psychotherapy can only be sponsored if it is required by the client so that the objective of the IPE can be achieved.

[10A NCAC 89C, Section .0303]

2-13-1: Psychotherapy

Division clients needing psychological or psychiatric treatment to address a **primary** or **secondary** disabling condition in order to meet the objectives on the IPE should be referred to the local mental health system whenever feasible.

When public mental health services are not available, the Division may sponsor private therapy on an outpatient basis. **Counselors may authorize up to twenty-four sessions for psychotherapy.** Additional sessions may be authorized with the approval of the Unit Manager/Facility Director and the Chief of Policy. In addition to the documentation required for eligibility determination and treatment updates, a written treatment plan, justification for additional sessions, and ongoing progress reports are required when more than twenty-four sessions are authorized. Medication monitoring may also be sponsored by the Division when comparable benefits are not available. Psychotherapy will not be authorized to cover case management or other services managed by the Mental Health System. Inpatient therapy will not be provided.

Psychotherapy may be provided by psychiatrists, psychologists, Licensed Psychological Associates (LPA), Licensed Professional Counselors (LPC), Licensed Marriage and Family Therapists (LMFT), Certified Clinical Supervisors (CCS), Licensed Clinical Addictions Specialist (LCAS), Licensed Clinical Social Worker (LCSW), or Advanced Practice Nurses licensed by the State of North Carolina to deliver individual these services.

The rates for sponsorship of psychotherapy and medication monitoring are found in Volume V.

[10A NCAC 89C .0205, .0302 and .0303; Statewide Agreement between the Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the Division of Vocational Rehabilitation Services]

Revised 10/1/2011

Section 2-14: Other Goods and Services

Included in this category are any other required services, which are not elsewhere classified. Depending on the intent of the service, assessment or otherwise, financial need and comparable benefits may apply. **The Division cannot purchase land or construct a building. Additionally, firearms cannot be purchased by the Division for clients.**

[10A NCAC 89C, Section .0316; 34 CFR 364.4]

Section 2-15: Personal Assistance Services

Personal assistance is hands on assistance with two (2) or more major activities of daily living (ADL). The Division shall not sponsor chore worker or housekeeping services as a sole service. Housekeeping or chore worker services shall be secondary to the hands on ADL activities and shall not be the only assistance that is needed.

ADL tasks are basic daily living activities that must be performed to assure or support one's physical well-being. Examples of the major ADL activities include body/oral hygiene, bathing, toileting, dressing, grooming, eating, transferring, and moving about as needed in the environment.

Housekeeping and chore worker activities involve basic activities that help to provide a safe and healthy living environment and promote community inclusion. Examples include cleaning, laundry, preparing meals, shopping, bookwork, and transportation.

Workers that provide ADL and housekeeping/chore worker services do not require any state licensure or certifications.

2-15-1: Vocational Rehabilitation Program

Personal assistance services may be sponsored at any time during the rehabilitation process to enable clients to fully participate in the assessment for determining eligibility and vocational rehabilitation needs, planning, service provision, and employment. It is a support service which can only be provided in relation to and in support of another vocational rehabilitation service.

Sponsorship of this service is not intended to supplant services traditionally provided by the client's family. Personal assistance services are not subject to financial need, but comparable benefits must be utilized when available. Under no circumstance shall the Division sponsor co-pays for personal assistance if the client is utilizing Medicaid or another similar benefit to acquire personal assistance. Personal assistance can be provided by establishing the VR client as a household employer or by authorizing to Home Health agencies or medical service organizations. When home health care agencies are utilized, the Division shall authorize payment directly to the home health care vendor, and a concurrent case with IL is not opened. **The VR counselor cannot authorize greater than 28 hours per week for personal assistance. Requests to exceed 28 hours per week shall be submitted to the Unit Manager.**

Criteria

In order for a VR client to receive personal assistance services, the individual must be eligible for VR services and determined to be either SD or MSD based on a physical disability with functional limitations in the areas of self care and/or mobility. The individual must require personal assistance services (PAS) in support of one or more of the CORE VR services planned on the Individualized Plan for Employment (IPE).

Concurrent Records of Service

When the counselor and VR client elect to pursue personal assistance by establishing the client as a household employer, the client will have a dual VR/IL case with IL providing the personal assistance services for the individual. The funding for the PAS will come from VR case service funds. For purposes of opening an IL case, the IL Counselor will utilize the eligibility determination made by VR as the basis for IL eligibility (in lieu of the standard IL eligibility decision) and development of the Individualized Plan for Independent Living (IPIL). No IL funded services will be provided in these cases because all services will be coordinated and funded by the VR case.

Transition of Personal Assistance and Personal Assistance in a Post-Employment Plan

During the comprehensive assessment, the VR Counselor shall consider factors related to the transitioning of personal assistance services. In cases where personal assistance is needed to support training, the counselor shall discuss and document a client's stated

needs related to transitions such as school breaks, completion of training, beginning a job search, and job placement. In cases where personal assistance is needed in support of job placement, the Counselor shall discuss and document any stated needs related to post-employment personal assistance services. This includes a discussion of comparable benefits, including the client's ability to private pay using the client's earned income. When referring a client to IL for coordination of personal assistance, the VR Counselor shall notify the IL counselor of the client's stated needs as related to transitions in personal assistance services so that the IL Counselor may effectively consider the service as part of a plan for independent living. Communication and coordination shall continue throughout service provision regarding personal assistance transitions.

At the point in which the client has achieved all other requirements for a successful employment outcome other than the termination of personal assistance services, the VR Counselor shall coordinate with the IL Counselor to determine whether the client is likely to meet the IL program's financial eligibility to continue personal assistance. If it is unlikely that the individual will qualify for this or other comparable benefits, the VR Counselor may continue to refer the client to the IL program for personal assistance coordination to be paid for out of VR case service funds as part of a VR post-employment plan.

In concurrent records of service,

The VR counselor will:

1. Identify that personal assistance service may be needed for the individual to complete their Individualized Plan for Employment (IPE).
2. Contact the IL Office to staff the case with the IL counselor covering that geographical area where the individual will be receiving the personal assistance service.
3. Notify the client that the IL program will complete an Assessment of the Individual's Personal Assistance Needs and coordinate personal assistance services.
4. Grant full CATS access for the VR case to the appropriate IL staff and provide copies of the VR eligibility decision, SD/MSD documentation, supporting medical documentation, and information related to any transitions required for personal assistance services.
5. Upon the IL counselor's completion of the Assessment of the Individual's Personal Assistant Needs, update the IPE to indicate that the personal assistance service is coordinated by the IL program and is funded by VR. The IPE should include the

statement “Personal assistance service that is funded by VR, will be terminated when the VR case is closed.”

The IL counselor will:

1. Take an IL application
2. Complete the eligibility decision using, to the extent possible, preliminary assessment data from the VR case file. The IL counselor will obtain from VR the:
 - (a) VR eligibility decision
 - (b) SD/MSD documentation
 - (c) Supporting medical documentation
 - (d) DVR-0116 or verification that client is an SSI/SSDI recipient
3. Complete an IPIL outlining the services. Minimum jointly agreed upon services on the IL plan should include:
 - (a) Guidance and counseling provided by IL.
 - (b) Number of personal assistance service hours and rate of pay with VR Funded as Comparable benefit.
 - (c) Include the statement on the IPIL “Personal assistance service that is funded by VR, will be terminated when the VR case is closed.”
4. Issue the authorization for personal assistance service on the state fiscal year **from VR case using RCC 1281 / CS code T27**. The R2 is maintained in the IL case file until the case is closed.
5. Enter the VR information into the “Client Data Entry Screen” using the VR icon. The IL staff will key in the VR number, VR caseload number, VR counselor code number, vendor number, client ID number, select the IL office code, and the RCC 1281 will be filled in automatically. This information and the CS code T27 will print onto the case service invoice. The case service invoice should be printed on green paper for VR and the IL counselor will sign the case service invoice.
6. Keep the IL case open for the duration of IL coordinated personal assistance services.
7. Maintain all fiscal information (R2, case service invoices, timesheets, receipts for paying personal assistant(s) and federal/state taxes) in the IL case file until the IL case is closed. At that time, a copy of this information will be provided to the VR counselor so that this information is maintained in the VR case, in keeping with the record retention schedule.

2-15-2: Suspension and Termination from Personal Assistance Services

All incidences of Client non-compliance with personal assistance policies shall be

documented in the case record.

Individuals shall be suspended from receiving personal assistance for any of the following reasons:

- A. Evidence of misuse of funds and/or use of funds for purposes other than personal assistance. Examples of misuse include not paying the assistant(s), not paying the federal/state mandated employer taxes, falsifying *Form DVR-1019 Record of Personal Assistant Hours*, misrepresenting personal assistance needs, or paying other bills with these funds;
- B. Failure to have a checking account to be used only for personal assistance transactions, making transactions in cash, or not keeping copies of personal assistance records;
- C. Failure to cooperate with program staff in efforts to implement policy and procedures; AND
- D. Refusal to sign or conform to the *Form DVR-1021 Personal Assistance Services and Reimbursement Agreement*.

Upon suspension, the Counselor shall contact the IL Program Specialist who will collaborate with the Chief of Policy to identify strategies to be included in a corrective plan for the particular incident of non-compliance. The Counselor shall partner with the client to develop the steps and timeframes required to be included in the corrective action plan. The corrective action plan shall be documented in the case record. The Division shall not reimburse the client for any personal assistance services provided during the period of suspension. The Counselor shall document the progress of the client in completing the corrective action plan in the case record. The Division shall resume service provision upon completion of the corrective action plan **within** the specified timeframe.

Individuals shall be terminated from receiving personal assistance for any of the following reasons:

- Financial gains to the point that the client can pay the full cost of personal assistance needs as documented by *Form DVR-0116 Financial Statement*
- Significant change in the disabling condition, as determined by the personal assistance evaluation, which eliminates the need for this service
- Completion of the Individualized Plan for Independent Living (IPIL), unless personal assistance is negotiated as an IL post-outcome service
- Identification of a comparable benefit (e.g., CAP-DA, Medicaid, Division of Aging) for this service in a manner compatible with the IL goal
- Relocation out-of-state unless approved by the DVR Chief of Policy
- Death or incapacitation that requires institutionalization
- Insufficient case service funds
- Failure to complete the corrective action plan in the specified timeframe
- Continued and repeated incidences of noncompliance that have resulted

in two (2) or more suspensions within a two (2) year period of time

The suspension and termination decision must be made in partnership with the client. In cases of death or institutionalization when no executor, Power of Attorney, or guardian exists, the Counselor shall contact the Chief of Policy, who can advise on final payment procedures. Should the client disagree with the Division's decision to suspend or terminate personal assistance services due to a breach in the personal assistance agreement, then the counselor must inform the client of the Division's administrative review and appeals process. Record of service documentation is required when personal assistance is suspended or terminated.

[CFR 361.42; State Plan Chapter 20, Subchapter 20B, Section .0316]

Section 2-16: Physical Restoration

***CROSS REFERENCE:* Section 2-3, Core Vocational Rehabilitation Services**

Physical restoration services may be provided as part of a rehabilitation program to correct or substantially reduce a physical impairment that is stable or slowly progressive and that results in substantial impediments to employment. A slowly progressive condition is one in which the client's functional capacity is not expected to diminish so rapidly as to prevent successful completion of vocational rehabilitation services, and/or employment for a reasonable period of time. This service is also referred to as "*Diagnosis and Treatment of Impairments*". Such services are subject to the individual's financial need and comparable benefits, when available. Restoration services are considered substantial vocational rehabilitation services when they are provided within the supportive counseling and guidance relationship. *[NCAC 20C, Section .0303]*

Intercurrent Illness

Intercurrent illnesses are defined as those illnesses that arise during the course of the rehabilitation program and interfere with completion of the intermediate program objectives. Illnesses may be either acute or chronic. Treatment of such illnesses may be sponsored by the Division. Specialty medical information is required along with a treatment plan. Financial need must be ascertained and comparable benefits used when available.

Secondary Restoration

Secondary restoration refers to an acute or remediable condition that exists concomitantly with a chronic impairment (that makes an individual eligible for Division services), is present at the time of eligibility, and presents a definite obstacle to progression and accomplishment of the rehabilitation program. The rehabilitation counselor may sponsor the

recommended treatment in these circumstances to remove the acute condition so that the individual can benefit, in a timely manner, from other planned Division services. *Secondary restoration* differs from inter-current illness because the need is evident at intake and/or eligibility, and prior to development of the IPE; whereas, intercurrent illness occurs during the course of the rehabilitation program (IPE). A condition for which *secondary restoration* is being provided can not be coded as a secondary disabling condition because it is acute and does not result in *substantial* impediments to employment. Specialty information is required along with a treatment plan. The financial needs criteria must be applied and comparable benefits used when available. The counselor must document in the case file the rationale for addressing a secondary restoration issue to include the diagnosis and necessary restoration services. In most cases, this should be done on the Written Rehabilitation Analysis Page (WRAP). However, in situations in which sponsorship of secondary restoration is needed in order to complete the comprehensive assessment (status 10), the counselor should document the rationale for sponsorship on a case note.

Physical Restoration as a “Substantial” Vocational Rehabilitation Service

VR sponsorship of a physical restoration service(s) would be viewed as a *substantial* service when it is:

- A. provided to substantially reduce or eliminate limitations/impediments associated with a chronic impairment AND
- B. required by the individual in order to begin work, return to work, or maintain employment, AND
- C. provided within a supportive counseling and guidance relationship and/or in conjunction with other *Core* VR services.

The following are examples of supportive guidance and counseling interventions:

- Helping the client understand their diagnosis/impairment, impediments and what to expect during and after treatment
- Helping the individual understand the vocational implications of their diagnosis/impairment; i.e., need for part-time or modified duties following treatment, need for job re-assignment or job change because of impediments
- Career and educational guidance to help the individual select suitable jobs and/or type of training
- Assisting the individual in dealing with and adjusting to the emotional issues surrounding the diagnosis/impairment
- Referral to other community resources to assist with issues associated with physical restoration

- Liaison or interventions with medical providers to facilitate the individual's treatment, and medical needs
- Discussion and exploration of an individual's strengths, interests and abilities in relation to recommendations from the assessment data (medical and vocational) and other case information
- Providing supportive guidance and follow-up on specific impairment related issues after return to work

Typically, two or more *Core* services (See Section 2-3 for listing of the *Core* services) are necessary to address an individual's rehabilitation needs. However, if only one *Core* service (e.g. physical restoration) is determined necessary, the supportive counseling and guidance provided by the rehabilitation counselor, or other Division support staff, and documentation of such becomes even more important. This supportive element distinguishes the VR service from that of simply serving a medical insurance function, or paying a medical bill. The presence of a *chronic impairment* and provision of the physical restoration service *within a VR guidance and counseling relationship* distinguishes this situation from those where VR would simply be *paying a bill* for an acute or otherwise temporary medical condition. The client's need for the *guidance and counseling relationship* must be established as part of VR eligibility; specifically, in relation to the "*requires VR services*" component of the eligibility criteria.

Guidelines Regarding Anticipated Duration of Medical Treatment

Some individuals have stable or slowly progressive conditions of long duration. The Division does not provide long-term or ongoing physical treatment. Accordingly, Division funds cannot be used to initiate treatment that is reasonably anticipated to last more than six months (per case) unless Unit Manager approval has been obtained. Agreed upon extensions may be approved only if the client maintains reasonable progress toward achieving the vocational goal. An exception can be when the purchase of medication/medical supplies is expected to exceed six months duration in support of training as a major service on the Individualized Plan for Employment. It is expected that the counselor would work jointly with the client to identify comparable benefits for long term medical care.

2-16-1: Morbid Obesity – Medically Managed Weight Loss Programs and Surgical Intervention

VR Sponsorship of Medically Managed Weight Loss Programs

Medically managed weight-loss programs provide treatment in a clinical setting with a licensed healthcare professional, such as a medical doctor, nurse, registered dietitian and/or psychologist. These programs typically offer services

such as nutrition education, physical activity and behavior modification/therapy. In some situations, closely related programs such as cardiac rehabilitation programs may be utilized to accomplish this purpose as they have many of the same essential components. Before VR will sponsor services for a client through a medically managed weight loss program, medical records must document that the client has attempted other organized weight loss programs for a period of 9 months or more. VR may sponsor these programs for clients at the established Medicaid rate and subject to the individual meeting the Division's financial criteria. With regard to the duration of VR sponsorship, the guidelines in Section 2-16 Physical Restoration apply (*see under Guidelines for Anticipated Duration of Treatment*). Approval of extensions of VR sponsorship beyond 6 months may be approved by the Unit Manager if the individual is demonstrating acceptable progress in their weight loss as evidenced by the progress reports from the program.

VR Sponsorship of Surgery

VR sponsorship of surgery for morbid obesity may be considered when it is determined to be a medical necessity by the appropriate specialist and when the following conditions are met:

1. the individual is at least 19 years old; **and**
2. medical record documentation substantiates that the individual:
 - has a BMI greater than or equal to 40 with serious complications/limitations in at least two of the following areas:
 - documentation of primary diseases such as arteriosclerosis, diabetes, heart disease, hypertension, pseudo-tumor cerebri, etc., is significantly complicated by clinically severe obesity
 - the obesity causes substantial orthopedic or physical impediments as documented by the medical history records including x-ray findings and other diagnostic test results
 - there is significant respiratory insufficiency or sleep apnea documented by respiratory function studies, blood gases, sleep studies
 - there is significant circulatory insufficiency documented by objective measurements; **and**
3. clinically severe obesity must be present for a period of at least three years; **and**
4. the individual must have made consistent efforts to lose weight over a period of 9 months or longer under physician supervision or in an organized weight loss program and failed; **and**
5. the individual has no correctable cause for the obesity, e.g.; an endocrine disorder; **and**
6. the surgery is Medicaid approved. Counselors should verify the Medicaid status of the surgical procedure before agreeing to sponsor. The accounting technician in fiscal services is available to assist in determining

the Medicaid status of surgical procedures. The Counselor must provide the CPT code of the procedure. Situations regarding surgical procedures that are not Medicaid approved must be staffed with the Chief of Policy.

Case Documentation Requirements - VR Sponsorship of Surgical Intervention for a Client

1. Documentation of a continuous nine month period or longer of all medical treatment modality therapies attempted by the client under the supervision of a physician or in an organized weight loss program to reduce weight, the duration of each therapy and the results of each treatment
2. Documentation of the client's weight for each of the three previous years
3. The client's present weight, height, skeletal frame, body mass index and gender
4. Medical history of the entire client's diagnoses such as heart disease, pulmonary problems, arthritis, diabetes, etc.
5. Medical test results
6. Documentation that all correctable causes of obesity have been ruled out with test results of laboratory tests performed
7. Documentation of a psychological evaluation assessing the recipient's suitability for surgery and his/her ability to comply with lifelong dietary changes and medical follow-up. Components of such an assessment should include: levels of depression, eating behaviors, stress management, cognitive abilities, social functioning, self-esteem, personality factors or other mental health diagnoses that may affect treatment, readiness and ability to adhere to required lifestyle modifications and follow-up social support
8. Documentation of a fully developed, 5-year psychosocial, nutritional, and activity- based follow-up plan
9. Certification that the individual has been informed about all surgery risks, surgical sequelae, the need for extensive follow-up care, expectancy of weight loss and a signed statement that the individual has been informed of the risks and results and still desires a surgical procedure
10. Description of the type of gastro-bariatric surgery planned and CPT code that describes the surgery planned
11. VR may authorize follow-up surgeries if deemed to be medical necessities – ex: surgical skin flap removal. However, surgeries that are purely elective with no medical necessity cannot be sponsored by the Division
12. The Division cannot authorize “up-front” administrative fees which are sometimes required by surgical clinics

2-16-2: Hearing Aids

***CROSS REFERENCE:* Appendix Entry - Hearing Disabilities; Section 2-5-5 Telecommunicative Devices**

Hearing aids may be sponsored for those clients who meet the eligibility criteria listed in the Hearing Disabilities section of the Appendix and who require such devices to meet the needs of a training program or employment. A hearing aid may be purchased for a primary or secondary disability if the hearing loss meets the criteria for a hearing disability (See Appendix – Hearing Disabilities).

The Division will utilize vendors who provide a full range of services including servicing and loaner aids. Physicians who meet this requirement may provide ear, nose and throat (ENT) examinations, hearing evaluations, hearing aid evaluations and may dispense hearing aids (see Volume V for rates). Such services are subject to the individual's financial need and comparable benefits, when available. (See Section 2-5-5 Telecommunicative Devices – Comparable Benefits).

In order to purchase a hearing aid, the counselor will authorize to an otologist and audiologist licensed to practice in the State of North Carolina for an ear, nose, and throat (ENT) exam, hearing evaluation, and a hearing aid evaluation. Medical clearance for fitting of an aid must be obtained from a physician skilled in diseases of the ear (ENT exam). The Division can not accept a waiver for medical clearance from an audiologist, a physician's assistant, a hearing aid dealer, or a family member.

The Division may purchase any kind of hearing aid (behind the ear, in the ear, programmable, or digital) recommended by a licensed audiologist or Board Certified Hearing Aid Specialist. The user's hearing aid should be equipped with a telecoil switch (T-coil switch). The 'T-switch' functions like an antenna, picking up the electromagnetic energy and transferring it to the hearing aid which converts it into sound. With a "T-switch", the consumer will be able to utilize additional assistive technology devices and have access to the telephone. (See Volume V – Hearing Aid Fees)

Purchase of a hearing aid is not subject to equipment purchasing procedures.

Clients are expected to follow the manufacturer's directions in using and maintaining a hearing aid. The client is responsible for safe storage of the hearing aid when it is not in use and should pay close attention to the safe handling of the device. Replacement hearing aids will **not** be purchased due to negligence that results in damage or loss.

A hearing aid can be repaired if feasible and cost effective, and the needed repair is not due to negligence. A replacement hearing aid may be purchased when an individual's current hearing aid is not sufficient to meet his/her needs due to a rapidly progressive hearing loss (See Appendix – Hearing Disabilities and Section 2-5-5 Telecommunicative Devices – Comparable Benefits).

Rehabilitation Counselors may also approve sponsorship of a replacement hearing aid if the client meets **two or more** of the following criteria:

- A. The hearing aid is four years or older and has been properly maintained by the consumer.
- B. The client has been accepted for the purchase of one hearing aid through the TEDP Hearing Aid program.
- C. The client has been denied acceptance into the TEDP Hearing Aid program (letter must be put in the client's file).
- D. The client is working and needs a hearing aid to maintain employment (a letter from the supervisor/employer is recommended for establishing the need).
- E. The client has a documented rapidly progressive hearing loss (see Appendix – Hearing Disabilities).

For exceptions to this policy or extenuating circumstances, please contact the Chief of Policy or the Program Specialist for Deafness and Communicative Disorders.

2-16-3: Orthotics

Orthotic devices may be sponsored for clients who require such services in order to complete the rehabilitation program. A prescription from the appropriate medical specialist is required. Purchases and repairs are subject to the rates maintained in Volume V. Exceptions to these rates must be approved by the Chief of Policy.

A replacement orthosis may be purchased when repairs to the existing orthosis are not feasible or cost effective.

This service is subject to financial need and comparable benefits.

34 CFR 361.4; NCAC 20C Section .0303]

2-16-4: Prosthetics

Prosthetic devices may be sponsored for clients who require such services in order to complete the rehabilitation program. Purchases and repairs are subject to the rates maintained in Volume V. Exceptions to these rates must be approved by the Chief of Policy. A prescription from the appropriate medical

specialist is required. Outpatient and inpatient gait training (with documented medical need) may be provided.

Replacement prosthesis may be purchased when repairs to the existing prosthesis are not feasible or cost effective. Replacements, as with initial devices, must be prescribed by an appropriate medical specialist. Repairs may be recommended and prescribed by a prosthetist.

This service is subject to financial need and comparable benefits.

34 CFR 361.4; NCAC 20C, Section .0303]

2-16-5: Podiatry

If the client so chooses, services from a podiatrist may be sponsored if required to complete the rehabilitation program. Podiatrists may render a diagnosis for determination of impairment. As a treatment service, this service is subject to both financial need and comparable benefits.

[NCAC 20C, Section .0303; 20D, Section 0302; 34 CFR 361.4]

2-16-6: Visual Services

CROSS REFERENCE: Appendix Entry - Blind and Visually Impaired

Visual services may be sponsored for individuals who require such services in order to complete the rehabilitation program. This service is subject to financial need and comparable benefits. Services are subject to the rates and procedures established in Volume V. A prescription from an appropriate medical specialist is required.

[34 CFR 361.42 and 364.4]

2-16-7: Chiropractic Services

The Division may utilize the services of any legally licensed doctor of chiropractic. This service is subject to financial need and comparable benefits. The following conditions must exist:

1. The client has signs or symptoms that are considered by a chiropractor to be related to spinal subluxation, and are not shown in the general or special examination to be due to other causes;
2. The client chooses the services of a chiropractor for spinal subluxation

- and/or spinal manipulation; and
3. There are no contraindications to spinal manipulations imposed by disorders other than spinal subluxation.

Chiropractors may not be utilized during the assessment to determine eligibility and vocational rehabilitation needs. *[RSA-PRG-77-5; PL 92-603, Section 275 (Medicaid); G.S. 90-143 and 157.1; NCAC 20C Section .0303; 20D Section .0302]*

2-16-8: Hospitalization (Diagnostic, Inpatient and Outpatient)

Diagnostic

A hospitalization for diagnostic services is not subject to the client's financial need but is subject to comparable benefits. Counselors should be aware that any treatment service provided during the diagnostic hospitalization is subject to both financial need and comparable benefits. When questions as to whether a diagnostic procedure requires inpatient hospitalization, consultation from the unit medical consultant is required.

Inpatient

Inpatient hospitalization may be provided as part of a rehabilitation program requiring such services leading to employment. Elective hospitalizations will not be sponsored. Such services are subject to the client's financial need and comparable benefits. The unit medical consultant should be utilized when questions arise regarding length of stay.

Outpatient

Outpatient hospitalization may be provided as part of a rehabilitation program requiring such services leading to employment. Such services are subject to the client's financial need and comparable benefits. *[State Plan]*

2-16-9: Drugs and Medical Supplies (Prescription and Non-Prescription)

CROSS REFERENCE: Appendix Entry - North Carolina Division of Vocational Rehabilitation Prescription Narcotic Pain Medication Contract

Prescription and non-prescription drugs and medical supplies may be provided to meet the rehabilitation need of the client. This service is subject to financial need and comparable benefits. Drugs may be purchased when a prescription is received and there is a reason for the use of the drug recorded in the client's file. Whenever possible a copy of the prescription should also be retained. Drugs may be purchased only for those conditions directly related to the client's

impairment.

Prescription

Generic prescription drugs will be purchased unless specified "dispensed as written" or in words of similar meaning. Payment is made according to the AWP (average wholesale price) plus the current Medicaid dispensing fee. There are some drugs with a maximum allowable charge (MAC) or estimated allowable charge (EAC) that have been mandated by federal regulations. The established rates will be used for these drugs with MAC taking precedence over EAC. The Counselor, in authorizing, should specify that the generic is to be dispensed unless otherwise specified by physician. Authorizations should be issued for the estimated monthly requirement for medications. Advise pharmacist to bill on a monthly basis for all drugs dispensed in that month for that client. Request that the pharmacist include on the invoice the NCD number, drug name, strength, and amount dispensed. The charges for drugs and for dispensing must be itemized, or we cannot pay the dispensing fee.

Prescribed Over-the-Counter Drugs

These drugs will be reimbursed at the OTC charge without any dispensing fee and should be so authorized.

Non-Prescription Drugs

Non-prescription medications and supplies may be purchased upon a physician's recommendation if related to the individual's impairment, secondary restoration issue, or intercurrent illness. Authorizations should be made directly to the vendor.

[SBI6, 1977 General Assembly; 34 CFR (a)(16); 34 CFR 361.42 and 364.4; NCAC 20C, Section .0303]

VR Sponsorship of Prescription Narcotic Pain Medications

The purpose of VR sponsorship of physician prescribed narcotic pain medication is to make a client's pain more tolerable during the recovery process from physical impairments and/or to help the individual be more functional and able to participate in his/her vocational rehabilitation program. These medications have very strong addictive potential. There is the potential for overdose if not taken as instructed by a physician. They also present significant risk for abuse and misuse.

The following guidelines must be followed by rehabilitation counselors when authorizing this service:

1. The client must sign a NCDVR Prescription Narcotic Pain Medication Contract which will be in effect for the duration of the service. **A NCDVR Prescription Narcotic Pain Medication Contract is not required for narcotic medications which are prescribed within two weeks post-surgery if the surgical procedure has been sponsored by the**

Division, however the other guidelines in this directive are still applicable to clients requesting sponsorship of post-surgery narcotic pain medications.

2. All prescriptions for narcotic medications for the client must be provided by one treating physician. If the client has a history or current diagnosis of substance abuse/dependence, he/she must sign VR Consent for Release of Confidential Information Form allowing the Division to release this information regarding past or current substance abuse to the treating physician.
3. VR sponsorship of narcotic medications should not exceed a period of sixty consecutive calendar days. The one exception is that a unit manager may approve an extension of the sixty day limit for a specified, limited, time if the client is actively being treated in a chronic pain clinic and under the medication protocols of that clinic. However, the Division is unable to purchase prescription narcotic pain medications on a long term basis for chronic pain disorders. In these situations, efforts must be made to identify long term funding sources for the prescribed medications.
4. The treating physician will provide the vocational rehabilitation counselor with a brief treatment plan for the patient. The counselor will be notified in writing of any significant changes or amendments to this plan.
5. If the patient is referred to another physician who will become the treating physician, the patient will sign VR Consent for Confidential Information Form allowing notification of the new physician of the patient's controlled substance use.
6. VR will not authorize replacements of narcotic medications that are lost, stolen, damaged, destroyed, thrown away, etc.
7. The client must inform the treating physician and rehabilitation counselor if he/she is receiving prescriptions for narcotic pain medications from any other physician. Failure to do so will result in the Division terminating sponsorship of this service.

The treating physician should provide periodic blood or urine testing of the patient. This helps to identify patients who are using additional drugs, using excessive amounts of the prescribed drug or not using any medication at all.

2-16-10: Dental Services

***CROSS REFERENCE:* Appendix Entry - Dental Impairments**

Treatment for dental conditions may be sponsored for those clients who require this service to complete the rehab program. This service is subject to financial need and comparable benefits. Treatment of such conditions may be necessary because of cosmetic appearance, dental caries and severe dental problems, and for orthodontic conditions. When orthodontic appliances are indicated, the teeth on which they are to be used should be in good condition, and restoration of those teeth may be necessary. Evaluation of the dental condition should be provided by the dentist of the applicant or client's choice or, in certain cases (e.g., orthodontics or oral surgery), by a specialist for the problem under consideration. The dentist and the client must be notified prior to the examination that this Division will sponsor only that portion of the dental restoration that is essential to relieve the impairment resulting in the impediment to employment and that the client is responsible for any additional services and for any prophylactic care. The dentist must be informed that even when an estimate of the cost is submitted and an authorization issued, the amount of payment may not exceed the amount allowed by the Medicaid schedule.

[34 CFR 361.42 (a) (16); Rehabilitation Services Manual, 1519.01-1519.06; NCAC 20C, Section .0303]

2-16-11: Home Health

Home health services may be sponsored for those individuals who require this service to complete the rehab program. This service is subject to financial need and comparable benefits. Home medical treatment often helps facilitate successful vocational rehabilitation or a greater level of independence. Only Home Health agencies meeting Medicaid certification standards may be used and authorizations shall not exceed the Medicaid rate. Each agency provides skilled nursing services and physical, occupational, and speech therapy; medical social work; home health aide; orderly; or nutritional guidance.

Home health services must be authorized by a prescription for such services written by the client's physician. The type of service and the number of visits must be specified on the prescription, which is kept in the client's record. The Counselor must receive a report of the visit(s) from the Home Health Agency before the bill may be submitted to the State Office for payment.

[NCAC 20C, Section .0303]

2-16-12: Speech Therapy

Speech therapy may be sponsored for those individuals who require such services in order to overcome or reduce vocational impediments caused by speech impairment. The impediment must be severe enough to warrant therapy. Therapy must be recommended by a speech pathologist licensed to practice in

this State. The following information should be included by the speech pathologist in every speech report:

1. A statement presenting the speech/language problem;
2. Case history;
3. A statement regarding the tests administered; and
4. Summary of the test results including the diagnosis, potential impact on employment, and recommendations and prognosis for speech.

This service is subject to both the individual's financial need and comparable benefits.

[State Plan-Section 9.3, House Bill 526; NCAC 20C, Section .0303; 20D, Section .0303]

2-16-13: Physical Therapy

Physical therapy services may be provided for those individuals who require this service to complete the rehab program. This service is subject to financial need and comparable benefits. Physical therapy must be prescribed by an appropriate medical specialist. The therapist must be appropriately licensed and certified.

[34 CFR (a) (16); NCAC 20C, Section .0303]

2-16-14: Occupational Therapy

Occupational therapy services may be provided for those individuals who require this service to complete the rehab program. This service is subject to financial need and comparable benefits. Occupational therapy must be prescribed by an appropriate medical specialist. The therapist must be appropriately licensed and certified. *[34 CFR (a)(16); NCAC 20C, Section .0303]*

2-16-15: Physical Capacity Assessment (PCA)/Functional Capacity Evaluation (FCE)

This assessment establishes the client's functional level and limitations in returning to work. It measures such functions as strength, maximum effort, endurance, and forms the framework for the therapeutic work hardening program. This may be conducted over a period of one to four hours. As an assessment, this service is not subject to financial eligibility; however, as many injuries requiring this service are occupational or accident related, comparable benefits may be available for use.

Section 2-17: Rehabilitation Technology

CROSS REFERENCE: Section 2-3 Core Vocational Rehabilitation Services

Rehabilitation Technology includes but is not limited to assistive technology devices; repair, customizing, adapting or maintaining assistive technology devices; coordinating and using other therapies and interventions with assistive technology; training and technical assistance to clients, family members, employers, other agencies or rehabilitation professionals and modifications to vehicle, home, or worksite. As one of the VR Core services, assistance with rehabilitation technology becomes a substantial rehabilitation service when it is provided within the supportive counseling and guidance relationship.

2-17-1: Rehabilitation Engineering

The term "rehabilitation engineering" means ". . . the systematic application of technologies, engineering methodologies or scientific principles to meet the needs of and address the barriers confronted by individuals with disabilities in areas which include rehabilitation, education, employment, transportation, independent living and recreation." Applicants and clients who are in need of and can benefit from rehabilitation engineering services and devices should be referred to the Rehabilitation Engineer. This includes services and devices which can supplement and enhance individual functions such as adapted computer access, augmentative communication, special seating and mobility, vehicle modifications, and services which can have an impact on the environment, such as accessibility, job re-design, work site modification and residence modification. Other requirements are noted in specific policy statements elsewhere in this manual. Application of engineering services and technologies is important when making determinations of eligibility particularly for individuals with severe impairments. A rehabilitation engineering evaluation is not subject to an individual's financial need; however, devices, equipment and modifications recommended by the engineer are subject to financial need. Federal regulations stipulate that rehabilitation engineering services can be provided without consideration of comparable benefits. However, where rehabilitation engineering services are readily available to the individual from other sources, they should be used.

[34 CFR 361.32; the 1992 Amendments to the Rehabilitation Act of 1973, Sec. 103 (13); 34 CFR 364.4; NCAC 20C, Section .0315]

2-17-2: Assistive Technology Devices

An assistive technology device is any item, piece of equipment, or product

system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capacities of individuals with disabilities. The provision of this service is subject to the individual's financial need and comparable benefits.

[The 1992 Amendments to the Rehabilitation Act of 1973, Sec. 103 (13); 34 CFR 364.4]

2-17-3: Assistive Technology Services

This service is defined as any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. The provision of this service is subject to the individual's financial need but not comparable benefits.

[The 1992 Amendments to the Rehabilitation Act of 1973, Sec. 103 (13); 34 CFR 364.4]

Section 2-18: Modifications

In order to assist an individual in maintaining or obtaining employment or increasing their independence, the Division may assist with modifications of the residence, work site or a vehicle. Individuals for whom such modifications are considered must have been declared eligible for VR services. All modifications are subject to the individual's financial need and comparable benefits. In order to provide these services, the following procedures must be followed:

The Chief of Policy reviews and approves all work site and vehicle modifications estimated to exceed \$500. The Chief of Policy is also responsible for reviewing and approving all modification projects exceeding the maximum Unit Manager/Facility Director approval rate and involving Division funds.

Definitions

PURCHASING MANAGER: The Purchasing Manager is responsible for arranging the bidding and purchasing procedures for all modifications (except as noted in Section 2-18-1 Residence Modifications and 2-18-2-Vehicle Modifications).

CLIENT DATA PACKAGE: A package of information prepared by the Counselor and submitted to the Chief of Policy on all work site and vehicle modification proposals \$500 and above; and all residence modifications that would exceed Division maximum rates. For vehicle modifications \$500 and above, the package is submitted to the Vehicle Modification Project Manager for technical review. The package then goes to the Chief

of Policy for casework/policy review. If the estimated amount is within the approval authority of the Unit Manager, then the Unit Manager should review the case record with particular emphasis on this information generally required in the client data package. The required components of the client data package are specific to the type of modification and are found in the applicable Client Data Package Checklist found on the VR intranet.

CONTRACT PACKAGE: This is a package of information prepared by the Unit Manager or the Purchasing Manager and sent to the vendor authorizing the vendor to proceed with the project. Included in this package are:

- * The case service authorization (or purchase order if issued by the Purchasing Manager) signed by the Unit Manager and/or the Purchasing Manager if the accepted bid exceeds the maximum amount allowable for the Unit Manager to authorize;
- * A copy of the bid from the selected vendor;
- * A copy of the modification specifications; AND
- * A cover letter authorizing the vendor to proceed with the project.

VENDOR SELECTION: The process, as defined by the Division of Purchase and Contract, is the same for all modification projects regardless of the cost and must be followed. The Counselor, along with assistance from the Rehabilitation Engineer, is responsible for initiating this process and must canvass the local area to assure all potential and interested vendors are offered the opportunity to bid on each project. Sufficient bids should be solicited to assure that a minimum of three (3) competitive bids are returned. Only those bids returned by the closing date will be considered valid. The vendor who submits the low bid that meets specifications within the deadline noted on the bid is generally selected to complete the project. This process must be strictly followed unless otherwise approved by the Regional Director.

BID PROCESS: All bids should be neatly prepared on the contractor's stationary or the Division's bid form with the vendor's full name, address, and itemized costs. To be considered valid, the bid must be signed and dated by the vendor. Bids should identify each part of the project and have the cost of each along with the total cost clearly stated. Bids are to be opened with at least two (2) Division staff present; and All bids are to be opened at the same time with the lowest bid being signed by at least two (2) of the Division staff present.

REHABILITATION ENGINEER: The Rehabilitation Engineer is responsible for developing specifications with drawings and sketches for all modification projects involving Division funds. Other responsibilities include recommending vendors, developing project cost estimates for the

Division, and assisting the Purchasing Manager in developing and reviewing the bid specifications. An engineer is required to be present for delivery of all vehicle modifications.

VEHICLE: For the purposes of this policy, vehicle includes automobiles, trucks, and vans. Motorcycles, mopeds, and golf carts do not fit this definition. When modifying used vehicles, Counselors should be cognizant of the cost of the modifications versus the value of the vehicle.

DMV REVIEW: A review conducted by the Chief of Policy for the purpose of assessing the vehicle operator's driving history. Vehicle purchases, modifications, and insurance require this review. Individuals with poor driving records and infractions will not be provided assistance with vehicle modifications, vehicle purchases, or vehicle insurance.

Forms

FORM DVR-0196, REQUEST FOR VEHICLE MODIFICATION: This form is intended to inform the client and vehicle owner of the specifications and proposed modifications, that the Division is not responsible for removal of the proposed modifications, that the Division may reclaim modifications if it is determined that they are no longer needed by the client, that the Division is not responsible for restoring the property to its original condition, and to fully indemnify the Division as a result of the modifications. If, during the review process, the originally recommended modifications are altered, then a new *Form DVR-0196* must be completed.

FORM DVR-0197, REQUEST FOR RESIDENCE MODIFICATION: The form which must be completed by the Counselor and signed by the property owner and client for all residence modifications involving Division funds regardless of the cost of the project. The purpose of this form is to assure that the client and property owner are fully aware of the specifications and proposed modifications. If, during the review process, the originally recommended modifications are altered, a new *Form DVR-0197* must be completed with appropriate signatures.

FORM DVR-7001, VEHICLE INSPECTION SHEET: This form must be completed and signed by an ASE Certified mechanic when modifications to used vehicles are being considered. All used vehicles being considered for modifications must be evaluated with an emphasis on safety and "life expectancy" of the vehicle. Recommended repairs may be authorized by the Counselor while general maintenance and "upkeep" items must be supplied by the client.

2-18-1: Residence Modifications

Residence modifications may be considered when the goal of modifying the residence is to enhance the individual's independence in relation to employment.

Division Maximum Rates for Residence Modifications

Per Case

A limit of \$12,000 total Division case expenditures per client per case shall be placed on residence modification projects in general, with specific project limits based on the type of residence. Only Division case expenditures are considered when applying these limits; therefore, contributions from third parties toward these projects or project totals are not to be included in the totals when applying the limits. When it is estimated that the Division limits will be exceeded, the case is to be handled as per the applicable tables below (See *Step 4* below).

Per Project

A limit of \$12,000.00 per project shall be placed on modification projects when the residence is owned by the client or client's immediate family. If the cost per project is estimated to exceed \$12,000, a bid packet, in addition to a *Residence Modification Client Data Packet* is to be submitted to the Chief of Policy for approval. The Purchasing Manager is responsible for bidding and purchasing residence modifications exceeding \$12,000. A project, for purposes of this policy, shall be defined as the group of all planned modifications foreseen to occur at a residence necessary to enable an individual to obtain their IPE goals.

Modifications to a mobile home owned by the client or the client's immediate family which is located on land owned by the client or client's immediate family, except for those situations where exterior modifications are not permanently affixed to a parcel of rented or leased land and is moveable with the mobile home, shall not exceed \$8,500.00 per project. Modifications to a mobile home not meeting the above requirements shall not exceed \$5,500 per project.

Modifications to rented or leased residences shall not exceed \$5,500.00 per project.

Exceptions to these amounts must be approved by the Chief of Policy and are based on the following criteria:

- cost of unforeseen structural damage needing repair
- total cost of residential modification projects over the life of the case
- the project presents a favorable benefit/cost ratio
- the counselor's assessment that the client will make use of the modifications for a reasonable period of time

- if adaptive equipment and related assistive technology and devices are necessary to accommodate the individual's degree of disability and to enable the individual to complete the rehabilitation program

Statewide budget code *RCC 1290* can be used for residence modifications for VR program clients.

Residence Modification Process

1. Review and determine previous client expenditures for Residence Modifications.
2. The Counselor must consult with the Unit Manager/Facility Director regarding the feasibility of the project. If the project is supported by the Unit Manager/Facility Director, the Counselor must involve the rehabilitation engineer in discussion about the project.
3. The Rehabilitation Engineer must visit and evaluate the site to determine the feasibility of the project. The Rehabilitation Engineer will then develop the project specifications and provide a report to the Counselor along with an estimated cost of the project.
4. The charts below explain the Division's approval and purchasing process based on the cost of the project. For Residence Modifications not exceeding allowable limits (see table below) the project is bid out and awarded by the Unit Office.

Client/ Immediate Family-Owned Residence (Site Built)			
If Estimated Cumulative VR/IL Expenditures per case are:	Current Project Estimate is:	Approval By:	Bid (or re-bid) and Purchased by:
<\$12,000	≤\$12,000	UM or designate	UM or designate
>\$12,000	≤\$12,000	Chief of Policy	UM or designate
>\$12,000	>\$12,000	Chief of Policy	Purchasing Manager (PM)—Note: Must be Bid and Purchased by PM.

Client/Family Owned Residence (Mobile Home Permanently Placed on Client/Family Owned Property)			
If Estimated Cumulative VR/IL Expenditures per case are:	Current Project Estimate is:	Approval By:	Bid (or re-bid) and Purchased by:
<\$12,000	≤\$8,500	UM or designate	UM or designate
<\$12,000	\$8,501 - \$12,000	Chief of Policy	UM or designate
>\$12,000	>\$12,000	Chief of Policy	Purchasing Manager— Note: Must be Bid and Purchased by PM.

Client/Family Owned Mobile Home on Rental Property, or Strictly Rental Property			
If Estimated Cumulative VR/IL Expenditures per case are:	Current Project Estimate is:	Approval By:	Bid (or re-bid) and Purchased by:
<\$12,000	≤\$5,500	UM/FD or designate	UM/FD or designate
<\$12,000	\$5,501 - \$12,000	Chief of Policy	UM/FD or designate
>\$12,000	>\$12,000	Chief of Policy	Purchasing Manager— Note: Must be Bid and Purchased by PM.

5. The vendor will complete the project and send the invoice to the Rehabilitation Engineer.
6. The Rehabilitation Engineer will visit the work site to assure that all project specifications have been followed in a satisfactory manner. When the project is approved, the Rehabilitation Engineer will sign the contractor's invoice and forward it to the Counselor. If the project is deemed unacceptable, the rehabilitation engineer will consult with the Unit Manager/Facility Director, Counselor, client, and vendor to resolve the situation.
7. The Counselor will attach a copy of the contractor's invoice to the case service invoice, which must be signed by both the Unit

Manager/Facility Director and Counselor, and submit it to Case Service Accounting for payment.

[10 NCAC 89C .0316; 34 CFR 364.4]

2-18-2: Vehicle Modifications

In order to assist an individual to obtain or maintain employment, the Division may assist with modifications of a vehicle. Individuals for whom such modifications are considered must have been determined eligible for VR services. All modifications are subject to the individual's financial need and comparable benefits. The Division will only contribute financially towards vehicle modifications that are recommended by the rehabilitation engineer. The engineer may be involved with developing specifications using drawings and sketches as well as developing project cost estimates for the Division. The Purchasing Manager is responsible for developing and reviewing the bid specifications. An engineer is required to be present for delivery of all vehicle modifications.

The VR program may assist with modifications to a client/family-owned or leased-to-purchase vehicle for employment purposes or to assist with commuting problems while the individual is enrolled in a college training program where there are no or limited on-campus living facilities or if transportation is required as part of the training curriculum. Modifications shall not be considered for clients enrolled in secondary school.

Prior to the Division's participation, a thorough analysis of the individual's transportation needs must be conducted and other options, such as public conveyance or conveyance by a family member or other support person, must be considered and used when available. This analysis shall be included as a part of the Client Data Package.

For the VR program, there is no Division imposed maximum expenditure for vehicle modifications; however, Counselors must be cognizant of the estimated cost of the modifications in relation to the value of the vehicle to be modified.

Vehicle Modification Process

EST. COST	STEPS
≤ 500.00	1. Approved by UM
	2. Engineer reviews, develops specifications, and estimates
	3. Bid process by counselor
	4. Vendor selection by counselor
	5. Contract package by the UM
	6. Rehabilitation engineer approves completed project
	7. Counselor forwards vendor invoice with case service for payment

EST. COST	STEPS
> 500.00	1. UM consult
	2. Engineer reviews, develops specifications, and estimates
	3. Submit to Vehicle Modification Project Manager for technical review of project. The Chief of Policy then reviews it for policy/casework compliance and final approval
	4. Approved by Chief of Policy
	5. Bid process by Purchasing Manager
	6. Vendor selection by Purchasing Manager
	7. Contract package by Purchasing Manager
	8. Rehabilitation engineer approves completed project
	9. Rehabilitation engineer initials vendor invoice and forwards to Counselor
	10. Counselor forwards vendor invoice with case service for payment

2-18-3: Worksite Modifications

The goal of modifying the job or worksite is the suitable placement of a client, including clients who are self employed, and the successful conclusion of a rehabilitation program by increasing job accessibility, reducing mental demand, reducing physical demand, alleviating physical distress, alleviating mental/emotional stress, increasing energy conservation, improving quality, or reducing dependency. Placement equipment is not included in this policy and should not be counted in calculating the cost of job and worksite modifications.

The employer and/or owner of the property to be modified must review the modification plans and understand the changes the Division is proposing. The

client, the employer, and/or the property owner must also understand that the Division can remove certain Division-purchased free-standing equipment when it is no longer needed at the job site. The Division will not be responsible for expenses incurred for changes not needed to accommodate persons with disabilities. Form DVR 0191--Request for Worksite Modification must be signed by the property owner to free the Division from responsibility of the expense of restoring any property or equipment to its previous condition if the client is no longer employed at that site.

A limit of \$7000 shall be placed on all worksite modification projects. Exceptions are based on a vocational placement that requires adaptive equipment necessitating extensive physical site changes.

[State Plan - Volume II, Part A, Section 6; NCAC 20C, Section .0316]

THE FOLLOWING STEPS WILL BE FOLLOWED FOR PROJECTS:

Worksite Modification Process

COST	STEPS
≤ 500.00	1. Approved by UM/FD
	2. Engineer reviews, develops specifications and estimates
	3. Bid process by Counselor
	4. Vendor selection by Counselor
	5. Contract package by UM/FD
	6. Rehabilitation Engineer approves completed project
	7. Rehabilitation Engineer initials vendor invoice and forwards to Counselor
	8. Counselor forwards vendor invoice with case service invoice for payment
> 500.00	1. UM/FD consult
	2. Engineer reviews, develops specifications and estimates
	3. Submit to Chief of Policy for review and approval
	4. Bid Process by Purchasing Manager
	5. Vendor selection by Purchasing Manager
	6. Contract package by Purchasing Manager
	7. Rehabilitation Engineer approves completed project
	8. Rehabilitation Engineer initials vendor invoice and forwards to Counselor
	9. Counselor forwards vendor invoice with case service invoice for payment

Section 2-19: Services to Family Members

Any rehabilitation service may be provided to a member of the client's immediate family if the service is required in the client's rehabilitation program, is essential to the success of the rehabilitation program and is not readily available through other agencies or resources. Such services are subject to financial need and comparable benefits as if the service was being provided to the client.

[34 CFR 361.42; NCAC 20C, Section .0307; 34 CFR 364.4]

Section 2-20: Training

CROSS REFERENCE: Section 2-3 Core Vocational Rehabilitation Services

Training includes planned services such as post-secondary training, supported employment training and work adjustment training provided within a supportive counseling and guidance relationship.

2-20-1: Postsecondary Training

Postsecondary training includes college, university, community college, technical institute, vocational school, business school, trade school, correspondence, distance learning, proprietary schools and curriculums, vocational training programs, or graduate training. The Division may consider this type training when an individual lacks marketable, transferable work skills. Post-secondary training services may be provided, subject to the policy listed below.

Individuals with chronic physical impairments that can be removed with little or no residual limitations will not be eligible for Division sponsored post-secondary training. However, if impairment has hindered an individual in developing suitable work skills and work experiences, then VR post-secondary training services may be provided to address the need.

Transferable Work Skills

Transferable work skills are those job specific skills which a person possesses as a result of experience in skilled or semi-skilled work activities, experience in vocational/academic training, or knowledge unique to the individual that will allow the individual to become employed in a job consistent with the individual's strengths, resources, priorities, concerns, capabilities, interests and informed choice. Although functional or adaptive skills may be gained from all levels of work experience, a person possesses transferable work skills when he/she is capable of specific, employer-required competencies at the skilled or semi-skilled level (requiring the average worker more than 30 days to learn). For example: An individual with experience as a greeter at a department store may possess

the functional/adaptive skills of enthusiasm, punctuality, and vigilance; however the job specific skills of shaking hands, handing out stickers, and directing customers to carts are considered to be unskilled since they require less than 30 days for the average worker to become proficient. Therefore, a client whose only work experience was “greeter” would not be considered to possess transferable skills for the purpose of this policy.

An analysis of transferable work skills must be completed whenever Division assistance with post-secondary training is under consideration. Transferable work skills may be documented through a structured interview process that analyzes past skills, successes and preferences. The analysis can occur through a Counselor’s review of the individual’s work history and allows for a determination of whether the individual’s skills can then be matched with a suitable job available in the current job market. A formal analysis by the vocational evaluator is not required; however, vocational evaluation may provide additional information.

If the analysis determines that the individual does not possess viable transferable skills, post-secondary training may be considered as an option. When post-secondary training is being planned, the analysis of transferable work skills must be documented on the Written Rehabilitation Analysis Page (WRAP). If an IPE has been implemented and it is determined that post secondary training is required, the analysis of the transferable work skills should be documented in the “Counselor Comments” section of the IPE.

Prior to planning postsecondary training services, the following criteria must be applied:

- Clients with Prior Work Experience: If the disability creates impediments to performance in the current or previous occupation and the client does not possess transferable work skills that will match requirements of a new occupation, the client may be considered for sponsorship of training. If it is determined that the disability of the client is such that it does not interfere with satisfactory performance in the current or previous occupation, the client will not be considered for postsecondary training but may require other appropriate services.

Transition students are exempt from consideration of their work experience as a transferable skill. Individuals within this age group have not developed sufficient employment records from which to draw conclusions about transferable work skills.

Adult clients may have been under-employed due to circumstances involving their disability and may have accepted employment out of financial necessity, even though the employment is not consistent with their strengths, resources, priorities, concerns, capabilities, interests and informed

choice. Their work experience may not have produced viable transferable work skills and should not be a basis for ruling out post secondary training.

- Clients with No Prior Work Experience: Clients in this category have had limited or no work experience. In order to be eligible for training sponsorship, the individual in this category must meet the following criteria; (1) the disability will place the client at a greater disadvantage in securing employment than peers who are not disabled and (2) the disability is expected to prevent the client from holding employment compatible with the client's capabilities.

[34 CFR 361.48 (f); NCAC 20C .0304 (a-e)]

Before completing the Individualized Plan for Employment (IPE), the counselor must also determine that the individual has the capacity to achieve the job choice and to perform the essential functions of the job when the training is completed. Objective data must be obtained, analyzed and included in the record to ensure that the individual can successfully complete the training program and go to work. Sources of data include secondary school transcripts with SAT scores, placement test scores, previous postsecondary school transcripts, vocational evaluation, and/or psychometric assessments.

Division assistance is limited to the requirements necessary to achieve the educational credentials for the job choice. In order to take full advantage of the available comparable benefits and Division resources, it is expected that individuals attend on a full-time basis. However, the Division does recognize that factors related to the individual's disability or need to work while in training may interfere with full-time attendance. In such situations, with appropriate justification by the counselor and approval of the Unit Manager, part-time attendance may be authorized. Lifestyle choices such as a preference for a more relaxed schedule or a pattern of repeatedly dropping courses will not be considered justifiable reasons to attend part-time. If a student drops enough courses to change the attendance status from full-time to part-time without prior approval from the Division, sponsorship will be discontinued after the student has been provided with notification one semester or quarter prior to the change. With Unit Manager approval, the postsecondary training program may be extended from four to five (5) semesters at a community college and from eight to ten (10) semesters at a college or university. Summer school should not be authorized unless such attendance will decrease the number of full-time semesters or quarters necessary to complete the training program. Students attending postsecondary schools including private or non-profit technical and vocational schools shall meet the institution's requirements for full-time attendance. If the school does not have an attendance policy, the attendance schedule must be at the maximum hours or units per day, week or month offered by the school unless the manager has approved part-time attendance. The Unit Manager and the Chief of Policy must approve exceptions beyond the above limits.

Financial need must be established and comparable benefits used to the maximum extent, when available, in order for the Division to contribute to tuition, required fees and support services. Application for and use of comparable benefits, including the Pell Grant, is required of clients for any postsecondary training. SSDI and SSI recipients must take advantage of comparable benefits only. See Section 3-9-3 for additional guidance on use of educational grants. Financial assistance is limited to rates for tuition and fees as published in Volume V of the Reference Library (Available on the VR Intranet web page). If the individual chooses to attend a training program that will cost more than the Division is funding, the individual must demonstrate that sufficient funds are available from other resources to cover expenses that are not covered by the Division. This information must be documented in the case record by an awards letter, a loan confirmation, or other verification that sufficient funding is available. In situations where the counselor has questions about the verification of resources, a budget for the training program may be developed with the client.

[34 CFR 361.48 (f); 10 NCAC 20C, Section .0205 (b) (3) (C) (D) (i)]

Remedial /developmental courses are not considered directly related to an employment goal; therefore sponsorship of these courses is limited. The Division may sponsor these courses if the individual is accepted into a degree curriculum contingent upon completion of these courses, or as a part of a comprehensive assessment prior to the development of a training plan. The Division shall sponsor a maximum of three remedial courses during the first two semesters of the training program. The Chief of Policy must approve exceptions to this limit.

Professional Improvement courses will not be sponsored by the Division after the client has completed the level of training required for the original or amended job choice. This policy applies to many of the computer certification courses, since an individual must have technical skills and experience (transferable work skills) in order to benefit from these courses and pass the certification exams.

Distance Learning is available for many of the types of training sponsored by the Division. The coursework may be Internet based curriculum, computer-based tutorials, correspondence training, or a combination of these (with intermittent attendance to a campus). The programs vary greatly in the interactivity and the structure provided to the student. Successful distance learning students generally: (1) are self-motivated with the ability to structure their own tasks, (2) have a compelling reason for completing the course, (3) have difficulty coming to campus, and (4) are comfortable with the technology or means of communication required for the program. In addition to the data required in Section 2-20-1 for the planning of postsecondary training, the following are questions that should be addressed when considering a distance learning program:

- Does the distance learning program offer all courses necessary to complete a degree?
- Are distance learning students required to go to campus?
- What are the technology requirements of the courses?
- Does the program provide academic and career counseling and placement assistance?
- What are the time frames for completing courses?

The Division may sponsor individuals enrolled in licensed or accredited distance learning programs when such programs are not available through traditional on-campus programs, or when the individual has disability-related problems that prevent him or her from participating in an on-campus program. However, most students benefit from the structure and support of a traditional classroom.

The Division's financial assistance for tuition and fees is limited to the rate for on-campus training published in Volume V (VR Intranet web site). The Division will not consider programs in which the entire package or curriculum must be purchased initially. The Unit Manager must approve distance learning programs. This does not include individual classes that are distance learning as a part of a traditional campus-based program.

[34 CFR 361.42 (a) (4); NCAC 20C, Section .0205 (b) (3) (D) (i) (ii)]

2-20-2: Vocational Training

In this training category are business schools, trade schools, and vocational training programs at the community college level or technical institute level. If the training being considered is available through the Community College System, utilization of this resource should be given consideration and preference prior to other options. The North Carolina Community College System offers a broad spectrum of opportunities for education and is a comparable benefit in that it is partially funded by public resources. The curriculum is based on adult learning principles and the employment skills needed in the community.

Business and trade schools may provide training that is completed more quickly for clients who are unable to participate in a community college system. However, care should be taken in evaluating business and trade school programs in relation to the client's overall vocational needs. Considerations should include the need to develop basic skills in the chosen area, the rate at which the individual learns, the need for support services, and the employability of individuals

Financial need must be established and comparable benefits used to the maximum extent, when available, in order for the Division to contribute to tuition, required fees and support services. Division financial assistance is limited to the

cost of the program or the Division's Proprietary Vocational/Business rate, whichever is less. The rate for Proprietary Vocational/Business Schools is based on the Division's rate for community college or the public university system. The rates are utilized as follows:

- The rate will not exceed the annual Community College rate if the school offers a curriculum comparable to those offered through the community college system unless the curriculum is inaccessible due to the commuting distance required for the program or for disability-related reasons. If the program is inaccessible to the client, the rate will not exceed the annual public university system rate.
- The rate will not exceed the annual public university system rate when the school/training program offers an accelerated or condensed curriculum that is less than a year in length. If the training program is not offered through the community college system and is a year in length the annual rate including summer school will be the rate paid for the curriculum.
- The rate will be prorated (monthly) based on the annual rate if the program does not operate on a semester system or if the curricula of the program vary in length. For programs that are less than a semester in duration (and are not condensed) and for all programs that exceed a year in length, the rate will be prorated on a monthly basis.

Private, proprietary schools may offer vocational, business, technical or other training at the physical location of the community college or university system. These courses will also be sponsored at the Division's vocational/business school rate or the cost of the program, whichever is less. The vocational/business rate listed in Volume V is the maximum amount that the Division will sponsor during the entire life of the case regardless of the number of separate courses offered by the vocational/business training curriculum.

[34 CFR 361.42 (a)(4); NCAC 20C, .0205 (b)(3)(D)(i)(ii)]

2-20-3: College and University Training

College training, including college parallel courses at the community college level, and university training may be sponsored for those individuals who require this level of training in order to reach the job choice. Financial need must be established and comparable benefits used to the maximum extent, when available, in order for the Division to contribute to tuition, required fees (including required book rental fees) and support services.

For individuals who enter school as a "special student" or in a "provisional status"

because they cannot be accepted into a degreed program, there must be a strong indication that this plan is feasible according to data required by the postsecondary training policy. The Division will sponsor a maximum of twenty-four (24) semester hours in this situation. The semester hours sponsored for these courses will be considered a part of the total ten (10) semesters for postsecondary training that are the Division's maximum limit; therefore, the courses must be acceptable as a part of the curriculum from which the student plans to graduate.

2-20-4: Graduate Training

Graduate training may be sponsored for those individuals who require this level of training to reach the job choice. For those individuals who are either in or entering undergraduate school, graduate training should be included as part of the original IPE or amended IPE and no later than the beginning of the junior year when the client generally declares his/her major in undergraduate school.

For those individuals who have an undergraduate degree and require graduate training due to the disability, graduate training may be sponsored subject to Unit Manager approval. Financial need must be established and comparable benefits used to the maximum extent, when available, in order for the Division to contribute to tuition, required fees and support services. Division financial assistance is limited to the rate for tuition and fees published in Volume V of the Reference Library (VR Intranet web site). Division financial assistance for Law, Medicine, Pharmacy and Veterinary Medicine is limited to the separate Professional School rate published in Volume V.

[34 CFR 361.42 (a)(4)]

2-20-5: Out-of-State Training

Counselors should thoroughly review in-state opportunities and discuss them with the client prior to considering out-of-state vendors. Factors to consider include non-resident tuition rates, difficulty establishing vendors, excessive transportation and/or maintenance expenses, client's ability to function independently, continued counseling needs, and the client's employment plans after completion of the training. The individual must understand that some out-of-state services cannot be assured to the degree provided in state. The Unit Manager/Facility Director must approve all out-of-state training.

For out-of-state vendors, only those training institutions that are approved and used by that state's vocational rehabilitation program can be considered for use by NCDVRS. Questions regarding the vendor review process may be directed to the Assistant Regional Director. (See Section 1-15 Vendor Review and Certification.)

For those individuals who have not met NC residency requirements but who intend to remain in the state and have not relocated to North Carolina in order to receive rehabilitation services, training can be considered as part of the rehabilitation program. However, Division sponsorship is limited to the rate for NC residents. Financial need must be established and comparable benefits used to the maximum extent, when available, in order for the Division to contribute to tuition, required fees and support services.

For those individuals who are NC residents and choose to attend training programs out-of-state, Division financial assistance is limited to the NCDVRS in state rates for comparable training programs.

[34 CFR 361.42 (a) (4)]

2-20-6: Preparatory School

The Division will not sponsor training at the preparatory school level since credits are not earned towards postsecondary training required to accomplish the job choice. The educational institution will therefore be responsible for the cost of special accommodations such as interpreting services.

2-20-7: Academic Standards

The Division has academic standards to assure satisfactory client advancement toward the job choice. The client must meet the academic standards imposed by the postsecondary school and demonstrate steady progress toward completion of the training program. The client must have at a minimum a 2.00 cumulative grade point average at entry into the junior year for the agency to continue sponsorship. In the community college system, a 2.00 average is required at the end of the second semester or the average required by the school or particular curriculum in order to graduate from the program. In other programs such as proprietary vocational programs, the client shall meet the requirements of the school for each specified progress period that will enable the student to graduate or achieve the competency-based requirements at regular intervals set by the school. If an exam is available to certify competence in the area for which the course was taken, the client must pass the exam in the specified sequence prior to the Division sponsoring any subsequent courses. Should the client's grades fall below the above minimum grade point average, the counselor must notify the client of the pending loss of Division assistance at least one quarter or semester before terminating assistance. This should be done at the beginning of each grading period so that the client has the following grading period to improve the grade point average to an acceptable level. Failure to maintain the prescribed academic standards will mean the loss of Division assistance with tuition, fees, books, interpreter services, maintenance, personal attendant services, and other authorized services directly related to the course of study. (When planning the IPE, the counselor and client should review the academic standards of the

college since the educational institution may require a higher grade point average than the agency. The higher standard will become the client's primary concern.) It is the client's responsibility to maintain contact with the counselor by scheduling an appointment at least twice a year, if possible, and to provide the counselor with a copy of the grades.

2-20-8: Retraining

Clients with previously acquired academic/vocational skills who because of the onset or progressive nature of their disability are unable to take advantage of these skills vocationally, may be considered for further training contingent upon the job choice.

[NCAC 20C, Section .0304 (b) (3)]

2-20-9: On-The-Job Training (OJT)

On-The-Job Training (OJT) may be secured from any reputable business or industry. **It is not subject to financial need.** However, comparable benefits must be used to the maximum extent, when available, in order for the Division to contribute OJT training costs and support services. **This service requires the Unit Manager / Facility Director's approval.** Sponsorship should normally not exceed three (3) months; however, with appropriate justification, the Unit Manager/Facility Director may approve up to an additional three (3) months. Under no circumstances, will the OJT period exceed six (6) months. Even though an employee/employer relationship exists, the client will be in training during the on-the-job training period. The trainer/employer is expected to retain the client in employment following OJT. The client must be suitably employed for ninety (90) days following completion of training to be considered successfully rehabilitated. The counselor and trainer must develop a training outline indicating the areas in which the client will be trained. The trainer must submit a monthly evaluation based on this outline along with the case service invoice. **Payment to the employer for OJT should be negotiated with that employer for reimbursement of up to a maximum rate of 75% percent of the entry-level wage, but no less than minimum wage. Further, rates and maximums shall be adhered to in accordance with those established in Volume V as applicable. The employer is to contribute all of the mandatory employer taxes plus a minimum of 25% of the total wage. A payment advance to the employer is not an option for this service.** Some OJT providers may not require any payment to provide the training.

When funds are available through the **statewide budget** exclusively designated for OJT and Internship services (**1480-2C05-99**), they shall be used when

authorizing for the services; otherwise, individual caseload budgets shall be used.

The service shall be invoiced using the Case Service Invoice. The effective dates on the case service invoice shall reflect the 1st date worked in a calendar month and the last date worked in a calendar month.

Restrictions:

1. OJT will not be sponsored for individuals who have completed formal training for a given occupation without prior approval by the Unit Manager/Facility Director. Training obtained in a Community Rehabilitation Program is not considered formal training; and
2. OJT may not be sponsored for individuals working in businesses owned or operated by relatives or VR Division employees unless approved by the Regional Director.

Coverage for Clients in an OJT

Under North Carolina Workers' Compensation Law, a trainee or a Vocational Rehabilitation client for whom an on-the-job-training contract has been executed with a firm employing three or more people would be covered by the firm's Workers' Compensation Insurance if the trainee was injured during the training period. In arranging and executing on-the-job-training contacts with firms employing three or more people, it is imperative that counselors, our client and the firm's representative recognize and understand that our client is covered by the firm's Workers' Compensation Insurance.

At the present time in North Carolina, firms employing fewer than three people are not required to carry Workers' Compensation Insurance. In the event a client is injured while receiving on-the-job-training with a firm employing less than three people and voluntarily not carrying accident liability insurance, the counselor may under some circumstances sponsor medical treatment.

Coordinating the OJT

Prior to authorizing OJT, the counselor will complete the OJT Vendor Review and obtain appropriate signatures on the Form DVR-0301, OJT Vendor Review-Onsite. These forms are to be sent to the Assistant Regional Director following completion.

1. The client, employer, and counselor must complete *Form DVR-7008, OJT Agreement and Progress Report* to outline the intended goals for training. Progress shall be documented and reviewed monthly beginning after the client's 1st month of employment.
2. The client, employer, and counselor must complete *Form DVR-7010, OJT Payment Agreement*. This form will outline the agreed upon wage

rate and rate of reimbursement. The employer must agree to accept the Division's terms of reimbursement for up to 75% of the client's agreed upon wage. The Employer will be responsible for covering all mandatory employment taxes in addition to a minimum of 25% of the total wage.

3. For reimbursement, the employer will submit completed form *DVR-7008, DVR-7012 OJT Training Receipt* for the corresponding pay period. The employer shall be reimbursed at least monthly and only after completed forms/receipts are received. Multiple paychecks may be listed on the OJT Training Receipt, but the receipt should only cover one month. This form should be returned to the counselor for approval and payment processing.
4. The client shall initiate the OJT training period and record hours worked on *Form DVR-7014, OJT Timesheet* (available via the intranet). Time shall be recorded each work day and timesheets submitted each calendar month. The timesheet shall be signed by the employer.

Additional Points / Direction:

1. Independent Contractor Positions: For OJT services, the resulting goal is to train for a specific previously-identified job opening with anticipated ongoing funding. If a position is classified as an independent contractor position, then such a position is not suitable for an OJT situation as intended by this service and such arrangements are to be avoided.

[34 CFR 361.25, 34 CFR 361.42, 34 CFR 361.57; State Plan: Sections 6.I and 6.4, Volume II, Part A; 10 NCAC 20C .0400 Methods to Assure Nondiscrimination, Section .0205 (b)(A); 20D, Section .0306; N.C.G.S. Chapter 97 § 97-2]

Revised 10/1/2011

2-20-10: Internships

Internships are intended for those clients who are currently in a formal training program or have completed formal training related to their job goal. Internships are intended to provide exposure to a specific work setting to build the client's confidence and self-advocacy skills to provide an opportunity for the client to apply "hard" skills after time away from a paid work setting, or need to gradually incorporate work into one's lifestyle. **Sponsorship of an internship requires Unit Manager / Facility Director's approval. It is not subject to financial need.** However, comparable benefits must be used to the maximum extent, when available, in order for the Division to contribute toward this service and required supports. The internship shall not exceed four months and shall be reimbursed at the rate the employer normally pays interns (at least minimum wage) but not higher than the rate the employer normally pays permanent employees performing similar tasks. Prior to authorizing for client internships, the internship site must be approved as a vendor. The form used for OJT vendors,

DVR-0301, OJT Vendor Review-On-Site, shall be used to establish the internship site as a vendor. The intern's work activities may not exceed 40 hours per week; and interns cannot accrue overtime. When the Division is sponsoring internship funds in conjunction with an academically required internship for post-secondary training, the counselor shall work with the student and the institution to verify that no conflict exists with meeting the student's institution's training requirements or with the training institution's agreement with the employer. **It is expected that the student will take the primary responsibility in this verification.**

The internship is not intended to supplant other services already provided by the Division. For example, the internship should not replace work adjustment training, work adjustment job coaching, intensive training, or community based assessment if these services are required by the client. Instead, internships are intended to target those individuals who might not otherwise require a program of work adjustment or supported employment. In contrast to an OJT service plan, an internship shall be planned on the IPE for the sole purpose of training and not to meet a client's goal for permanent job placement. It is the employer's decision whether or not to consider an intern for an actual job opening at completion of the internship. In order to be sensitive to the requirement for employers to adhere to the Department of Labor's Wage and Hour laws, the Division will **reimburse** employers 100% of the wage expenses incurred by placing the intern on their payroll as an employee. In addition to the hourly rate, the Division will **reimburse** funds for required payroll taxes (FUTA, SUTA, and employer's portion of FICA). **The advancement of funds to an employer, and the sponsorship of additional training expenses to a business associated with assuming an intern would be considered an exception based on an employer's extenuating circumstance and must be approved by the Chief of Policy in advance.**

Arrangements with Temp Services Agencies: It is permitted to coordinate internship arrangements with temporary services agencies when the opportunities available are well-matched with the needs of the client, meet the objectives of this service and when the temp services agency agrees to the terms of the Division's internship agreement. In such situations the counselor and the client must agree that the type of work and the internship arrangement will provide the client with a training experience that supports their employment goal.

Internships for High School Students: [Effective 10-1-2011 through 09-30-2012 as a piloted service]

Internships can provide valuable work experience when appropriately timed and matched with a transitioning high school student's abilities, needs, and interests consistent with their employment goal. This piloted service is targeted toward high school students participating in the Occupational Course of Study who can

participate in an internship **during the summer preceding their senior year and the semesters prior to graduation. An internship can also benefit students that are enrolled in a dual high school – career college vocational training program designed to provide the student with entry level skills for a technical trade. Exceptions to these service parameters will be based on an individual’s disability-related needs and must receive prior approval from the Chief of Policy in consultation with the Transition Specialist.**

Counselors are to coordinate such services with school personnel including the teacher responsible for the Individualized Education Plan and/or the transition coordinator and comply with all of the school system’s applicable rules and regulations. Further, if the student will require a Youth Employment Certificate (work permit) issued from the NC Dept of Labor, the counselor may need to assist in acquiring one.

All other requirements within this section apply.

Restrictions:

1. Internships may not be sponsored for individuals working in businesses owned or operated by relatives or VR Division employees unless approved by the Regional Director.

Coordination of the Internship

The process for internship coordination is as follows:

1. Comprehensive assessment component: The counselor shall explore the internship concept with the client including the client’s personal goals as an intern, the desired length of the internship, possible internship sites, and rehabilitative support services required (e.g., transportation).
2. Internship site development: The counselor shall identify an employer who is willing to host an intern for a designated internship period to perform functions consistent with the client’s stated goals.
3. Arranging the internship interview: The counselor assists the business/ organization in arranging to interview the client(s) for the internship position and prepares the client.
4. Developing the Internship Agreement: The counselor assists in arranging a meeting in which the client and employer establish an internship agreement. The *Internship Agreement and Progress Report, Form DVR-7002*, shall document the goals of the client and the supervisor’s expectations of the client as an intern. The goals determined during the comprehensive assessment should be included in the agreement and must be measurable. The supervisor and client shall also agree on an evaluation schedule (minimum of

two times during the internship period). The *DVR-7002* will be used to report on the client's progress at each evaluation.

5. The normal arrangement for providing Division funds to the internship organization is through a **reimbursement** arrangement. To set up this arrangement, the counselor, client, and internship supervisor will need to complete *Form DVR-7003, Internship Reimbursement Agreement*. This form outlines the number of hours the intern will participate in the internship, the amount of the internship stipend payment, and the period of the internship. Payment shall be **reimbursed** to the internship organization so that the organization can provide the client the stipend payment at least once per month according to hours worked. The organization and client shall document their wage and payroll taxes.

- OR -

Should approval be granted **as an exception** from the Chief of Policy for the **advancement** of funds to an employer based on the employer's extenuating circumstances associated with sponsoring an intern, the counselor, client, and internship supervisor would complete *Form DVR-7004, Internship Stipend Payment Agreement*. This form outlines the number of hours the intern will participate in the internship, the amount of the internship stipend, and the period of the internship. The Division is responsible for recouping any internship funds which have been advanced and then not utilized. Therefore, the Division shall not invoice additional advances until all hours invoiced have been documented on *Form DVR-7016, Internship Timesheet*. Further, should the client not work the hours advanced, the Division shall require that the internship organization refund all monies for hours not worked (at agreed upon rate). **All refunds shall be sent to the State Office to the attention of Fiscal Services so that they may be appropriately credited to the statewide budget.**

6. For either the reimbursement or (exceptional) advancement of Division funding scenarios, the organization and client shall document their wage and payroll taxes and the client's receipt of the internship stipend funds by providing evidence of payment, which includes the number of hours worked, the beginning and end dates of the pay period, and the wage rate. For both situations, *Form DVR-7006, Internship Stipend Receipt* is to be used. Multiple paychecks may be listed on the *Internship Stipend Receipt*, but the receipt should only cover one month. This completed form should be returned to the counselor for processing reimbursement. The employer will receive reimbursement only after completed forms / receipts are received.

7. The client shall be responsible for recording the internship hours on *Form DVR-7016, Internship Timesheet* (available via the intranet). Time shall be recorded each work day and timesheets submitted each calendar month. The timesheet shall be signed by the internship supervisor.
8. Evaluating Progress in the Internship: The counselor participates in the scheduled evaluations and acts as a facilitator during these meetings. The counselor meets with the client and supervisor to discuss the evaluation results and the progress on the client's goals as reported by the supervisor on the *DVR-7002*.
9. Integration of the internship into the rehabilitation program: Throughout and at the completion of the internship, the counselor shall jointly determine with the client how the internship is impacting the overall rehabilitation program. This may include a determination of whether the client can expect an opportunity to apply for permanent employment with the organization hosting the internship, whether to pursue additional internship opportunities, or whether to terminate the internship and pursue a job search for another permanent opportunity.

Authorization of Internship

When funds are available through the **statewide budget** exclusively designated for OJT and Internship services (**1480-2C05-99**), they shall be used when authorizing for the services; otherwise individual caseload budgets shall be used. The applicable case service code is T71. The counselor shall authorize for the total internship period at the agreed upon rate for the estimated hours worked over the designated internship period. Each of these elements shall be indicated in the authorization description. The service shall be invoiced using the Case Service Invoice. The effective dates on the invoice shall reflect the 1st date worked in a calendar month and the last date worked in a calendar month.

Effective 10-1-11

2-20-11: Work Adjustment Training

Work adjustment training may be provided as a service on the IPE during the rehabilitation program to assist the client with developing the work skills required to become employed. Work adjustment training includes activities to improve and increase productivity, attendance, punctuality, ability to work with others, ability to work under supervision and work tolerance. Work adjustment training may be purchased from any agency approved Community Rehabilitation Programs (CRPs) or provided by a Vocational Rehabilitation (VR) Facility

Program. The service is not subject to financial need; however, comparable benefits must be used to the maximum extent, when available, in order for the Division to contribute to training costs and support services. When referring the client(s) to a CRP for work adjustment training the DVR counselor should send appropriate diagnostic information, an authorization (R2) and when referring for a vocational evaluation, appropriate evaluation questions that should be answered. Assessment of an individual's financial need and required participation in the cost of work adjustment training must be determined and documented prior to referral to the CRP.

[34 CFR (a) (4); NCAC 20C, Section .0205(b) (5)]

Revised 10-1-11

2-20-12: Work Adjustment Job Coaching

Work adjustment job coaching is a service that clients can receive as a part of work adjustment training provided by CRPs. Job coaching services are for clients that will require on-the-job supports in order to be successful in their employment. Job coaching services cannot be utilized for job placement service only. The counselor will include work adjustment job coaching on the IPE and the counselor is responsible for providing continuing counseling, guidance, and job development and placement services in conjunction with the CRP. Included in this service are job development, job placement, and job training. The Unit Manager/Facility Director must approve work adjustment job coaching in excess of one hundred and sixty (160) hours. Such services are not subject to either financial need or comparable benefits.

2-20-13: Supported Employment

Supported Employment (SE) services may be provided to clients who require this service in order to become employed. According to federal regulations, VR funded SE cannot exceed eighteen (18) months unless the IPE indicates that more than eighteen (18) months is necessary to achieve job stability. This period begins when the individual is placed in job-site training and continues without interruption unless there is an interruption in employment. Post employment services may be provided if such services are needed to maintain employment. Post employment services should not be used if extensive retraining is required. SE training is not subject to the individual's financial need.

When referring for SE services, the DVRS counselor should send a copy of pertinent diagnostic information, an authorization, and copy of the application for services. If the Counselor requests a supplemental evaluation, appropriate evaluation questions must be included in the referral.

The basic criteria, which must be present and clearly documented in the record

of service for supported employment, are:

- Competitive Employment
- Integrated Work Setting
- Individual must be determined to be most significantly disabled
- Ongoing Support
- Extended Services

POLICY DEFINITIONS

COMPETITIVE EMPLOYMENT - full/part-time work with hourly goals determined on an individual basis. The individual must be paid at or above minimum wage in accordance with the Fair Labor Standards Act and consistent with those wages paid to non-disabled workers with similar job functions or paid commensurate wages with a certificate from the Department of Labor.

INTEGRATED WORK SETTING IN ALL MODELS - means a job site where either of the following occurs:

- Most employees are not disabled; and
- An individual with a significantly disability interacts on a regular basis, in the performance of job duties, with employees who are not disabled; and
- If the individual is part of a work group of only individuals with disabilities, the work group consists of no more than eight individuals;

OR

- If the only other members of the work group are individuals with disabilities, then the individual must interact in the performance of job duties with individuals who are not disabled, including the general public.

MOST SIGNIFICANTLY DISABLED - means an individual who has been determined to meet the Division's definition of most significantly disabled (See Section 3-9-7).

ON-GOING SUPPORT PROVIDED BY VR - means services that are as follows:

1. • Needed to support and maintain the individual in SE;
 - Based on a determination by the DVR counselor of the individual's needs as specified in an IPE; and
 - Furnished from the time of job placement until transition to extended services, except as provided in post-employment status and, following transition, by one or more extended service providers throughout the individual's term of employment in a particular job placement or multiple placements, if those placements are provided under a program of transitional employment.

EXTENDED SERVICES - means on-going support services provided by a state agency, a private non-profit organization, through natural supports or any other

appropriate resource other than VR, after the individual has made the transition from the state VR support. Extended services begin once the individual is employed. For the purpose of this definition, “employment” begins when intensive training is completed and stabilization on the job has occurred. Individuals may be served, as long as there is a reasonable expectation that an extended services source will be identified during the course of rehabilitation. VR will only utilize supported employment vendors who give written commitment that they will provide extended services compliant with Federal regulations.

ON-GOING SUPPORT PROVIDED DURING EXTENDED SERVICES - must include a minimum of twice-monthly monitoring at the work site to assess job stability unless under special circumstances, especially at the request of the individual, the IPE provides for off-site monitoring and based upon that assessment, the coordination or provision of specific services at or away from the work site, that are needed to maintain employment stability. If off-site monitoring is determined to be appropriate, it must, at a minimum, consist of two (2) face-to-face meetings with the client and one employer contact monthly.

TRADITIONALLY TIME-LIMITED SERVICES - means on going support services that are:

- Needed to support and maintain an individual in employment based on an assessment,
- Specified in the IPE;
- Provided by skilled job trainers, co-workers, and other qualified individuals in order to achieve and maintain job stability; and,
- Provided for a period not to exceed eighteen (18) months unless specified by the IPE and are needed to achieve employment before transition is made to extended services provided under a cooperative agreement.

TRANSITIONAL EMPLOYMENT - this alternative SE model may be authorized for persons with severe and persistent mental illness. This is a series of temporary job placements in competitive work in integrated work settings with ongoing support. The provision of extended support services must include continuing sequential job placement until job permanency is achieved.

STABILIZATION PHASE - the last part of the intensive training phase. The client remains in training until stabilization in employment occurs and is not considered employed until completion of the stabilization phase. Stabilization is confirmed when the client has completed his/her training objectives as indicated on the individualized service delivery plan and the client, employer, and the counselor jointly agree stabilization has been achieved. The completion date of the stabilization phase must be documented in the case record. There is no predetermined length for the stabilization period except in the case of transitional employment, in which there is a minimum requirement of sixty (60) days before the client is considered to be employed.

SUPPLEMENTAL EVALUATION - Although usually provided after the eligibility determination, it can be provided in applicant status, as a part of a trial work experience, in order to determine if the individual meets the presumption of benefit in terms of an employment outcome. When provided during applicant status, it must be community based. Supplemental evaluations are not required, but rather conducted per VR counselor's discretion.

NOTE: See Section 8-3 and 8-4 for information regarding CRP and SE authorization and outcome-based performance payment systems.

2-20-14: Employment Marketing Skills (Job Seeking Skills)

Employment Marketing Skills training helps to prepare a client to find a job. The course is designed to give clients information and practice on locating employment. The course assists clients with learning how to complete a job application, interviewing skills, an appropriate personal appearance, and to develop an employment resume. The course also deals with a 'legal' interview and the Americans with Disabilities Act. This training is available from Division staff in the Unit Offices/VR Facilities and reasonable accommodations will be provided such as foreign or sign language interpreting services or computer assisted note taking. Such services are not subject to either an individual's financial need or comparable benefits.

[34 CFR 361.42 (a)(16)]

2-20-15: Transition Services from School to Work

Transition services as defined in RSA Federal Regulations means a coordinated set of activities for a student designed within an outcome-oriented process that promotes movement from school to post-school activities, including post secondary education, vocational training, integrated employment (including supported employment), continuing adult education, adult services, independent living, or community participation. The coordinated set of activities must be based upon the individual student's preferences and interests, and must include instruction, community experiences, the development of employment and other post-school adult living objectives and, if appropriate, acquisition of daily living skills and functional vocational evaluation. Transition services must promote or facilitate the achievement of the employment outcome identified in the student's individualized plan for employment.

INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

In order to plan effectively for the transition needs of students with disabilities in collaboration with other agencies and organizations, counselors are expected to be active participants addressing the Individualized Education Plan (IEP) meeting transition issues when possible. Counselors should participate both directly in

IEP meetings and indirectly by other means in planning for the needs of VR clients. A copy of the transition portion of the IEP must be in the case record.

Prior to developing the IPE, the counselor will review the Individual Transition Plan (ITP) component for the Individual Education Plan and record any relevant ITP objectives as part of the IPE. The intent of this review is to coordinate educational programming and vocational programming for the benefit of the client.

Development of the IPE with a student must be based on interest, aptitude, capabilities, strengths and informed choice. The job choice on the IPE for a student in transition may be more general reflecting a family of jobs rather than a specific job code. Examples: Health Care Worker, Office Work, Protective Services (Police, Fireman, Security Guard) Career exploration must be provided and documented in order to determine a more specific goal. Amended job choices including amendments at closure, must be accompanied by documentation reflecting the process and services that had an impact on the final job choice (job shadowing, job sampling, guidance and counseling).

The development and approval of an individualized plan for employment must be completed as early as possible during the transition planning process but, at the latest, by the time each student determined to be eligible for vocational rehabilitation services leaves the school setting. This includes students with disabilities who are eligible for VR services including eligible students served by the school under an IEP.

The Division is required by Federal regulations to ensure that students with disabilities who are not receiving special education services have access to and can receive vocational rehabilitation services, if appropriate, by ensuring outreach to and identification of these students. Outreach to these students should occur as early as possible during the transition planning process and must include, at a minimum, a description of the purpose of the vocational rehabilitation program, eligibility requirements, application procedures, and scope of services that may be provided to eligible individuals. Counselors must contact persons in the schools responsible for coordinating services to students under 504 plans and they should conduct high school surveys (form-DVR-0141) in order to identify eligible students with disabilities. It is important to complete outreach to students through non- traditional means to identify students. This can include contacting other resource personnel within the local schools including social workers, school nurses, occupational, physical and speech therapists for referrals.

The goal of the Division is to work with youth with disabilities who are at risk of dropping out of school or who are age 16. Students who have a definite need for services may be served earlier. There are differences in available staff and in numbers of youth with disabilities in school systems, which impact the attainment of this goal. However, the counselor makes individual eligibility decisions on

persons referred to us by schools and serves them in keeping with the above goal. Factors to consider for “potential dropout” referrals include: (a) verbal indications by the student of intent to leave school, (b) students with disabilities failing half of course work, and (c) students in danger of not receiving course credits due to excessive absences.

It is required that the Division send an annual report to school systems with which the Division has a third party cooperatively funded program. This report should not only include data about services and expenditures for students with disabilities provided by the Division, it should also address how VR staff have worked with school staff in transition planning for students with significant and most significant disabilities. It should also address how the Division is partnering with the school system in addressing the work experience requirements of the Occupational Course of Study.

The Unit Manager will assign a counselor to serve each high school where no cooperative agreement exists. The designated staff will visit these schools on an itinerant basis and will implement a system for generation and flow of referrals. This should include a mechanism for identifying students with disabilities and at risk for dropping out of school.

The following can be used to accomplish transitional services:

POST SECONDARY TRAINING

Included under transition services, is a wide range of post- secondary training. (See Section 2-20-1 Post Secondary Training)

COMMUNITY REHABILITATION PROGRAMS

Vocational Rehabilitation clients who are enrolled in high school can be considered for admission into community rehabilitation programs, which have contracts with the Division. Admission procedures will follow the same format as that for other rehabilitation clients being sponsored for evaluation and adjustment training services with the following special provisions:

1. Students will be entered part-time or full-time into evaluation and training.
2. Students must be determined "at risk" for dropping out of school and at least 16 years old or students must be in at least the second half of their junior year in high school.

TRANSPORTATION

Transportation needs for students involved in any transition program, i.e. community rehabilitation program services, on-the-job training, supported employment, must be coordinated with the school system. The cost of transportation to and from the rehabilitation program or a job site may be considered when the client has no other means of access to this service after documentation that the school cannot provide the transportation. The Unit

Manager/Facility Director must give prior approval for sponsorship of this service and the manager must sign all plans and case service authorizations involving transportation.

ON-THE-JOB TRAINING

Vocational Rehabilitation students who are in their final year of high school may be considered for on-the-job training services, with the following provisions and understandings:

- Division staff must fully utilize comparable benefits for which the student may be eligible to offset training costs. Examples: ARC-OJT program; Workforce programs; AND
- Provision of on-the-job training must be individualized in nature, specific to each student.

SUPPORTED EMPLOYMENT

In order to sponsor supported employment for persons enrolled in secondary school programs, students must be determined “at risk” for dropping out of school and at least 16 years old or students must be in at least the second half of the school year prior to the year the student is expected to exit high school. VR counselors should investigate the availability of long- term support prior to sponsorship of students in supported employment. Only Division approved vendors for supported employment services can be utilized when expending funds.

The supplemental evaluation component of Supported Employment may be extended for students who will require supported employment and may need multiple placements to complete career exploration and assessment prior to final placement and intensive training.

COMMUNITY-BASED ASSESSMENT

Community Based Assessment may be provided to students when needed to assess and plan for transition. VR may provide this service directly or utilize Statewide Budget Code 1299 to purchase the service from a vendor. See Community Based Assessment in Section 2-23-3 through 2-23-5.

ASSISTIVE TECHNOLOGY FOR STUDENTS

The purchase of assistive technology in order to meet the educational requirements in a student's IEP as part of IDEA is the legal responsibility of the local education agency; however, Vocational Rehabilitation can consider the assistive technology needs related to the transition/job placement needs of a student with a disability during his/her final year of school. The Division must document that it is not replacing a comparable benefit in transition planning when purchasing assistive technology for a student who has not exited school.

WORK EXPERIENCE/WORK SIMULATION – IN-SCHOOL WORK ADJUSTMENT AGREEMENTS

The Division is receptive to working with schools to jointly develop programs, which will enhance vocational rehabilitation plan development for students with significant and most significant disabilities. One of the options for joint programs includes work experience/work simulation activities for students. Eligible clients of the Division or clients participating in a trial work experience can be considered for token or incentive payment programs if the students are enrolled in special short-term training programs performing work experience or work simulation activities either on campus or in the community. These services can be provided only through signed School Work Adjustment Agreements and must address a number of issues including: certain Department of Labor requirements, insurance or Medicaid coverage of the student, academic credit for student's participation in the program, and written evaluation from the school regarding the student's performance in the program at the end of each grading period. The school must serve as the vendor and submit monthly invoices to the Division for up to eighteen months. The Division can begin work adjustment activities for students with significant and most significant disabilities during the student's sophomore year (age 16) or younger (when there is an immediate need for services). Unit Managers/Facility Directors must share a draft of a proposed In-School Work Adjustment Agreement with the Program Specialist for Transition Services prior to signing the agreement.

OCCUPATIONAL COURSE OF STUDY

This is one of four courses of study in public schools through which a person may earn a diploma. It is open only to students with an Individualized Education Plan; however, it is intended for only a small portion of this population, which will be determined on an individualized basis by the parent, student and other IEP team members in each school. Students with disabilities pursuing college training should be enrolled in one of the other courses of study: (1) career prep, (2) college tech prep, and (3) college/university prep.

Vocational Rehabilitation will continue to provide the transition services listed in this section to students in the Occupational Course of Study. Unpaid work experience hours required by the curriculum can also be a part of the transition services provided by VR through In-School work adjustment (school based and/or community based) as well as community-based assessment. Although the paid work experience component of the curriculum is the responsibility of the school system, the Division can provide assistance with job related services to students, i.e. placement, supported employment, on the job training, work adjustment training, and job coaching.

Students who do not complete the required work hours for the Occupational Course of Study may exit school with a certificate and complete the hours after they exit. They can then return to receive a diploma upon completion of the work hours. An individual can be considered to have achieved a successful

employment outcome after they have worked at least 90 days and exited school if case closure meets the criteria in subsection 6-1-1. The fact that they choose to continue to utilize hours to complete the work hours for the Occupational Course of Study does not preempt a successful outcome. It is important that the counselor assist the student with documentation of work hours for the school at the time of case closure and encourage the student to maintain contact for assistance with completing the documentation. Follow-up after a successful outcome to assist in following through with the school would be very helpful to the client and is considered best practice.

For additional information, contact the Program Specialist for Transition Services.

SCHOOLS FOR THE DEAF

The Division has entered into a cooperative agreement with the Office of Education Services whereby VR counselors are housed on the campuses of the two schools for the deaf. The following are some of the responsibilities of the VR staff serving students who are deaf at these schools:

1. Interview individuals during their junior year in school.
2. Provide a program of rehabilitation services with emphasis on audio logical services, amplification, vocational evaluation, job-seeking skills, counseling, job placement, job coaching, work adjustment, follow-up and other transitioning services.
3. Provide for mutual participation of appropriate personnel in the development of the transition component of the Individual Education Program/Individual Transition Program and the Individualized Plan for Employment (IPE).
4. Provide continuity in the individual's rehabilitation program during the transition between secondary institutions to adulthood, which include, but are not limited to, postsecondary institutions, community rehabilitation programs, employment, and community living.
5. Provide an effective means for extending vocational rehabilitation and follow-up services to the individuals by a community based counselor for the deaf until a successful adjustment to employment and community living has been achieved.

The Program Specialist for the Deaf & Communicative Disorders with Vocational Rehabilitation Services is the designated liaison representative between the Office of Education and Vocational Rehabilitation Services for students in residential schools.

[34m CFR 361.47; 361.22; NC Administrative Code, Volume II, Part B, Subchapter 20C, Sections .0206: State Plan Section 6.3 and Section 6.6]

2-20-16: Special Programs for Students with Hearing Loss

Students with hearing loss have the chance to continue their education after high school and earn college diplomas or degrees. Some students with hearing loss have been able to succeed in regular college programs without services such as interpreters, tutors, and note takers. However, if a student requires these services in order to succeed in their educational curriculum, the Division will follow the guidelines listed below:

Comparable Benefits

All postsecondary students must apply for financial aid; including the Pell grant (see subsection 3-11-3 – Comparable Benefits). VR assistance along with comparable benefits cannot exceed the actual cost of tuition and fees. Non-specified aid from postsecondary training programs can be applied toward the client's cost of rehabilitation. For postsecondary training programs, which offer support services (tutoring or note taking) for all their students, the Division will expect the same comparable services to be offered to students with hearing loss.

Students with hearing loss in postsecondary training programs must utilize other personal resources, part time employment, and/or grant assistance to pay the balance of their expenses that is not covered by VR.

Support Services in Postsecondary Institutions

The following procedures will be followed in providing training for deaf and hard of hearing students in postsecondary training programs.

1. Maintenance at Community Colleges

The Division can authorize a maximum of \$300.00 per month for maintenance for deaf and hard of hearing students attending community colleges away from home. The Division can continue to authorize maintenance during the break periods between quarters or semesters. The periods for maintenance should coincide with the dates of training.

2. Interpreting Services in the Postsecondary Educational Setting

Authorizations for interpreter services at educational institutions must be issued directly to the appropriate college or technical school. This Division of Vocational Rehabilitation, the Division of Services for the Deaf and Hard of Hearing, or Central Piedmont Community College may provide consultation but the educational institution is responsible for hiring, assigning schedules and paying interpreters. The Division will authorize for interpreter services that benefit the deaf student completing coursework for classroom grade or the degree. The Division will not authorize any additional payments such as mileage, two hour minimum, parking, meals, portal to portal, or time and a half for classes at night and weekends for interpreting services in educational institutions other than the approved hourly fee schedule.

The interpreter costs for deaf or hard of hearing students who are not eligible for

VR services are the responsibility of the educational institution. In the event, that there are both VR consumers and deaf or hard of hearing students who are not VR consumers in the same class, the Division will prorate the interpreter costs and make payment only for our consumers. Staff serving the deaf and hard of hearing should obtain an estimate (verbal or written) of the cost of interpreter services for each consumer prior to issuing an authorization for these services.

Counselors must insure that bills for interpreter services from postsecondary training programs contain the following information on each consumer:

- Name of consumer
- Name of each class
- Total number of deaf students in each class
- Name of interpreter for each class
- Level of Certification/Assessment of Interpreter
- Rate/hour
- Cost per student
- Total hours of interpreting for each class
- Total billed VR for each class
- Grand total for semester

The Division can authorize interpreting services that would help the deaf or hard of hearing consumer to complete coursework for his/her degree (see below).

Interpreting services for the following activities may be sponsored by VR

1. Classroom instruction
2. Meeting with academic advisor
3. Lab work or field trips required for class grade
4. Tutoring sessions
5. Meetings with financial aid officer
6. Meeting with professors about class work
7. Job Expo or Career Fair during graduation year

Interpreting services for the following activities shall not be sponsored by VR:

1. Extra curricular activities
2. Sporting events or practice
3. Theater, plays, or outdoor drama unless required for course completion
4. Sorority/Fraternity meetings
5. Chapel (Church)
6. Health Services/Mental Health Counseling
7. Dormitory Meetings/Open House
8. New Student/Parent Orientation
9. Graduation/Commencement Activities
10. Registration
11. Placement tests
12. Remedial classes that are not sponsored by VR

If the deaf consumer is seeking employment interviews during the school year, the Rehabilitation Counselor for the Deaf can authorize for interpreting services by issuing a separate authorization directly to a freelance interpreter or private interpreting agency.

3. Tutoring and Note taker Services

In the event that such services are not available through the educational institution, the Division will reimburse the institution for the actual costs not to exceed the fees as outlined in Volume V. The Division will expect the same comparable services to be offered to deaf students. (See Volume V – Note takers/Tutorial)

4. Speech to Text (Note taking) Options

Computer Assisted Note Taking - Computer assisted note taking (CAN) is a technique that can assist individuals who are deaf and hard of hearing to actively participate in meetings and lectures with hearing people. A note taker uses a computer equipped with word processing software to type summary notes of a meeting or a lecture. The notes can be projected onto a screen or wall for large groups or simply displayed on a computer monitor if fewer people are relying on the notes. Computer Assisted Note Taking can be an effective way of providing access for hard of hearing people and for deaf people who are without sign language interpreters. The Division has a contract with Communication Services for the Deaf and Hard of Hearing (CSDHH) in Greensboro.

Computer Assisted Real Time Transcription - Computer Assisted Real-Time Transcription, or CART, is the instant translation of the spoken word into text. It is also sometimes called Communication Access Real-time Translation, or simply real-time captioning. It is used primarily for meetings, classroom lectures, and live events. CART is mentioned specifically in the Americans with Disabilities Act as an auxiliary aid or accommodation that can provide effective communication access. CART is often the accommodation preferred by hard of hearing, late deafened, cochlear implant recipients, and oral deaf people who do not know sign language.

A CART captioner uses a stenographic machine, a laptop computer, and specialized software to transcribe spoken words. The resulting text is displayed on the computer monitor (for one or two individuals) or projected onto a wall or screen (for larger groups). The modified steno keyboard and customized software dictionaries allow the CART captioner to transcribe spoken words quickly and accurately. Like sign-language interpreters, good CART reporters have a very high degree of skill, and the best are in high demand. Most are trained as court reporters, and then take additional classes in CART transcription.

C-Print - C-Print is a speech-to-text system developed at the National

Technical Institute for the Deaf (NTID), a college of Rochester Institute of Technology (RIT), as a communication access service option for some deaf and hard-of-hearing students in educational environments. It was developed by researchers to improve the classroom experience for students at both the secondary and college levels.

Today, C-Print is successfully being used to provide communication access to individuals who are deaf or hard of hearing in many programs around the country. In addition to educational environments, the system can be used in meetings and workshops and with individuals with other disabilities.

CAN/CART/C-Print for Students in Postsecondary Education Setting - The educational institution is responsible for hiring the note takers and the authorization is made to the college or university. Staff should utilize their case service budget for note taking and not the interpreting budget. The Division will reimburse the college up to \$30.00 an hour for CAN/CART/C-Print services. The Division will not authorize any additional payments to note takers in educational institutions other than our approved hourly fee schedule.

Computer Assisted Note Taking for Clients not in an Educational Setting - VR staff should contact CSDHH when hiring for captioner/note taker and the authorization should be issued to CSDHH. The standard rate for all computer assisted note taking services is \$75.00 an hour for the initial 2 hour minimum plus mileage. Time after the initial 2 hours will be billed in 15 minute increments and calculated at a rate of \$75.00 an hour. This \$75.00 an hour will include the charge for note taking services and all equipment used.

CSDHH will be reimbursed time and a half for services between 5:00 pm and 7:00 am and anytime on weekends or state recognized holidays. (See Volume V – Note takers/Tutorial)

5. Length of Sponsorship in Training

Division assistance is limited to what is required to achieve the educational credentials for the job choice and is usually restricted to four years. However, the Division does recognize that factors related to the individual's disability or need to work during training may interfere with full-time attendance. In such situations, with appropriate justification by the Rehabilitation Counselor for the Deaf and approval of the Unit Manager/Facility Director, part-time attendance may be authorized.

With Unit Manager approval, the postsecondary training program may be extended from four to five semesters at a community college and from eight to ten (10) semesters at a college or university. Summer school should not be authorized unless such attendance will decrease the number of full-time semesters or quarters necessary to complete the training program.

6. Summer Training Programs

Young Scholar's Program - Camp Gallaudet

This program is intended for nonsigning deaf and hard of hearing high school students who want to learn about Deaf culture and the basics of American Sign Language. This program presents the fundamentals of ASL and provides an introduction to Deaf Culture in a fun and highly interactive environment.

Summer College Transition Academy in Computing (SCTAC) – Gallaudet University

SCTAC is a four week residential camp program for qualified high school deaf and hearing-impaired students to learn about careers and gain key skills for future success in computer-related pursuits. Participants will gain new mathematics skills, meet computer science professionals working on real-world problems, compose computer programs controlling robots and work as part of a team applying math, mechanical, software, game strategy and electrical skills to develop a working prototype of a smart machine for performing a useful task. Tuition, room and board are paid by a grant from the NSF.

Summer Vestibule Program – NTID

The Summer Vestibule Program at the National Technical Institute for the Deaf can be sponsored as a vocational evaluation for students entering this institution. The student, preferably a senior, must have been accepted as a student and plans to attend NTID in the fall semester. This evaluation period will not be included in the limits for lengths of sponsorship. Authorizations should not exceed \$900.00 for the summer program.

Explore Your Future – NTID

Explore Your Future (EYF) is a week – long transition education program for deaf and hard of hearing high school students entering their senior year. EYF allows the students to (1) Enjoy hands-on experience in a variety of career areas including information technology, computers, engineering, business, science, and art; (2) Make better decisions about their life after high school through personal awareness; and (3) Experience life on a college campus. Authorizations should not exceed \$800.00 for the program.

The Division will only sponsor training that leads towards the completion of a degree or job choice. The Division will not sponsor leadership or wilderness training.

[NCAC 20C, Section .0205 (c)]

Section 2-21: Transportation

These services include the provision of or arranging for transportation.

Transportation may be for the provision of assessment services or services leading to the accomplishment of VR program goals. Public and private transportation services may be provided. Also included is payment for escorts, personal care providers or guides. Transportation services are subject to both financial need and comparable benefits unless transportation is required in conjunction with an assessment service. The mode of transportation should depend upon the circumstances of the individual, the availability and appropriateness of the transportation system, and upon fiscal considerations. The client or client's family should be used to provide transportation whenever possible without cost to the Division. The cost of transportation for a complete vocational rehabilitation program shall not exceed \$12,000 (*also see Transportation – Volume V*). Whenever it appears the maximum program rate (\$12,000) will be exceeded, an exception should be requested to the Chief of Policy.

[34 CFR 361.42 (a)(6); 34 CFR 364.4; NCAC 20C, Section .0306]

2-21-1: Public Conveyance

Sponsorship of public conveyance may be sponsored at the rate charged by the vendor. This includes tickets for buses, airfare, trains and other means of public transportation. Taxis may also be used.

2-21-2: Private Conveyance

When a client requires the use of a private vehicle for transportation in support of core services as planned on the IPE, Vocational Rehabilitation shall pay the vendor the current IRS mileage rate. Payment is based on number of miles per trip. The current IRS mileage rate must be uniformly applied and is not open to negotiation with the client. In the future, the IRS mileage rate will be posted on Volume V and will be updated when revisions are made by the IRS (*see Transportation – Volume V*).

2-21-3: Personal Care Assistants and Escorts

Assistant or escort services will usually only be authorized for a client who is significantly disabled. The salary or fee is considered to be a related expense to the transportation of the individual. When assistant or escort services are obtained at no cost to the Division, travel costs and subsistence of the assistant/escort may be sponsored not to exceed State per diem rates. A family member should not be paid for services normally expected of a family member; however, if acting as an assistant or escort causes undue hardship to the family member, reasonable reimbursement may be paid. Authorizations must be

issued to the client with the client paying the assistant/escort.

2-21-4: Permanent Relocation and Moving Expenses

Financial assistance for the permanent relocation of a client, or a client and family, may be provided when a move is necessary in order for the client to achieve his vocational goal. Included in this category are expenses for deposits and other relocation expenses. The Counselor should obtain three competitive bids for total moving costs and submit them to the Unit Manager/Facility Director for approval. The low bid should be accepted.

2-21-5: Ambulance Services

Ambulance services should be used when the client's medical condition does not permit other methods of transportation. Fees for ambulance service shall not exceed that paid by Medicaid. The Division will not pay for first aid treatment or nursing services while client is in transit.

Section 2-22: Vehicles

2-22-1: Purchases

The VR Program may contribute to the cost of a vehicle for modification purposes for eligible clients with the most significant disabilities under the following conditions and guidelines:

1. The Program will not contribute to the purchase of more than one vehicle for any individual.
2. The Program shall select the most cost effective method, based on the recommendation of the rehabilitation engineer, to secure a vehicle that meets the modification requirements of the individual.
3. The vehicle must be titled to or is being purchased through a lease-to-purchase arrangement by either the client or the client's immediate family.
4. The Program shall contribute to the purchase of a vehicle only when a vehicle is required to accomplish the employment goal of the individual, which must be at or above the substantial gainful activity (SGA) level as defined by the Social Security Administration.
5. A comprehensive review of other financial resources must be conducted by the client and Counselor detailing the plan for purchasing, insuring, and maintaining the vehicle.
6. The client must contribute a minimum of fifty percent of the initial cost of the vehicle.
7. All vehicle purchases shall be approved by the Chief of Policy. The Chief

of Policy may grant an exception to any of the provisions of this paragraph only upon the written recommendation of the Regional Director, which shall indicate why the exception is needed in relation to the individual's particular disability and employment goal.

All vehicle purchases are subject to the individual's financial need and comparable benefits. Additionally, the client must be able to secure funding from other sources towards the cost of the vehicle. Program funds for this service are considered a last resource and will only be contributed in the amount necessary to cover the gap between the client's resources and the cost of the vehicle. A complete CLIENT DATA PACKAGE as described earlier in this chapter along with extensive justification related to the above contingencies addressed must be sent to the Chief of Policy for review and approval. Unit Manager/Facility Director approval must be received prior to submitting the request to the Chief of Policy. The Purchasing Manager will be responsible for the bidding and purchasing details.

[10 NCAC 20C .0316(d); Eff. 2/1/96]

2-22-2: Insurance

Vehicle insurance may be provided as part of an eligible individual's rehabilitation plan when the individual is in post secondary training or employed. The vehicle must be titled to the client as confirmed by the vehicle registration. Requests for approval should be directed to the Chief of Policy who is responsible for securing the individual's driving history from the Department of Motor Vehicles. Authorizations should not be issued until approval is received. Only minimal liability insurance can be authorized for a maximum of six (6) months. This service is subject to the individual's financial need and comparable benefits.

2-22-3: Repairs

Vehicle repairs may be authorized in order to assist a client/participant in maintaining employment/independence, attending training, or in seeking employment. At the discretion of the counselor, request may be made to the policy office to conduct a DMV background check before agreeing to sponsorship of repairs (the counselor should email the policy office the client's name, driver's license number, and date of birth). Three bids should be solicited with the low bid being accepted. Repairs exceeding seven hundred fifty dollars (\$750.00) will be approved by the Unit Manager/Facility Director. When authorizing repairs, Counselors should be cognizant of the estimated value of the vehicle versus the cost of the repairs. General "upkeep" items should not be authorized. This service is subject to the individual's financial need and comparable benefits.

Section 2-23: Vocational Evaluation

2-23-1: Community Rehabilitation Programs (See also Chapter 8)

A vocational evaluation may be purchased through a Division approved community rehabilitation program (CRP). A vocational evaluation may be used to clarify or refine the vocational goal at any point in the rehabilitation process. A comprehensive vocational evaluation should not exceed six (6) weeks and should answer referral questions regarding the client's level of functioning, available resources and appropriate vocational options. A post vocational staffing is required with appropriate team members, including the client. Specific requirements of the evaluation program are noted in the individual CRP agreement.

2-23-2: VR Unit Office

A vocational evaluation may be used to clarify or refine the vocational goal at any point during the rehabilitation process. The vocational evaluation may be appropriate during the preliminary assessment; however, it is usually most advantageous as part of the comprehensive assessment. The length of time a client remains in vocational evaluation is determined by the time necessary to answer referral questions and may include several sessions. The source and type of vocational evaluation will be determined by the client's level of functioning, the Counselor's questions, and available resources. As appropriate, an interdisciplinary approach, via team meetings or staffings, will be used to provide feedback about a client's performance as indicated under "Post Vocational Evaluation Staffing." Vocational evaluations provided by other than authorized Division personnel shall be purchased only from Division-approved vendors.

Vocational Evaluator Responsibilities: The vocational evaluator must synthesize all vocational evaluation data and develop specific recommendations which address referral questions. The Counselor should receive a written report within seven (7) working days after completion of the assessment. The vocational evaluator trainee will submit reports to the regional evaluation specialist for approval prior to release to the Counselor if required by the regional evaluation specialist. Vocational evaluation personnel shall retain and dispose of vocational evaluation files as indicated in subsection 1-2-4. The files shall include the vocational evaluation report, referral information, raw test data, notes, and any other data/information used to generate the vocational evaluation report.

Rehabilitation Counselor Responsibilities: The reason(s) for referral to vocational evaluation should be explored with the client well before a decision is made to proceed with scheduling a vocational evaluation. Referral questions and rationale should be documented on a referral form. Referrals should state the extent of the vocational evaluation being requested, outcomes desired, and the specific questions to be answered. The Counselor should make available to the Evaluator pertinent medical or psychological assessments and any other information reflecting personal and vocational information, the Counselor's impressions, and client expectations.

Post Vocational Evaluation Staffing: A post vocational evaluation staffing with the client, vocational evaluator, and Counselor is encouraged if the client, Evaluator or Counselor feels it is needed.

[The 1992 Amendments to the Rehabilitation Act of 1973, Section 7 (22)]

2-23-3: Community Based Assessment

Community Based Assessment (CBA) is a technique allowing an individual with a disability to perform competitive job related duties in the public or private sector allowing on-site assessment of the individual's skills and job related behaviors. The CBA can be conducted **with or without pay**. The Department of Labor (DOL) has exempted DVRS agencies from the Fair Labor Standards Act when performing community based assessments if no employer/employee relationship is found to exist and the individual is under a TWE plan or IPE. Additionally, the DOL exemption applies to students enrolled in public secondary education who are under an Individualized Education Plan (IEP). When all conditions noted in this policy exist, a public or private sector job site can be used for situational assessment, skills building and vocational explorations without the client meeting the definition of an employee.

In order to provide this service in an unpaid community based assessment, **ALL** of the following conditions must be met.

- Individuals must be physically or mentally disabled for whom competitive employment at or above minimum wage is not immediately obtainable and who, due to the disability, will need intensive ongoing support to perform in a work environment.
- Participation will be for vocational exploration, job sampling, job shadowing, informational interviews and/or situational assessment in a community-based placement work-site under the general supervision of vocational rehabilitation personnel.
- Community-based placements must be clearly defined components of TWEs or individual rehabilitation programs developed and designed

for the benefit of each individual. Each participant in a community-based assessment must have an IPE or plan for TWE which includes a statement of needed services established for exploration, assessment, training components or determining an individual's ability to demonstrate worker traits consistent with maintaining competitive level employment and benefiting from vocational rehabilitation services.

- Information contained on the IPE will not have to be made available to DOL. However, documentation as to the individual's enrollment in the community-based placement program will be made available. The individual and, when appropriate, the parent or guardian must be fully informed of the IPE and the community-based placement component and have indicated voluntary participation with the understanding that participation does not entitle the participant to wages.

The activities of the individuals at the site do not result in an immediate advantage to the business. In order to determine such, DOL will look at the following factors:

1. There has been no displacement of employees, vacant positions have not been filled, employees have not been relieved of assigned duties, and the individuals are not performing services that, although not ordinarily performed by employees, clearly are of benefit to the business.
2. Individuals are under continued and direct supervision by either representative of vocational rehabilitation or by employees of the business.
3. Such placements are made according to the requirements of the individual's IPE and not to meet the labor needs of the business.
4. The periods of time spent by the individuals at any one site or in any clearly distinguishable job classification are specifically limited by the IPE.

While the existence of an employment relationship will not be determined exclusively on the basis of the number of hours, as a general rule, each component will not exceed the following limitations:

Vocational exploration - 5 hours per job experience

Vocational assessment - 90 hours per job experience

Individuals are not entitled to employment at the business at the conclusion of the IPE. However, if the participant becomes an employee, it cannot be as a trainee at that particular community-based placement unless in a clearly distinguishable occupation. It is important to understand that an employment relationship will exist unless all criteria described in this policy are met. If an employment relationship exists, then participating businesses can be held

responsible for compliance with applicable sections of the Fair Labor Standards Act, including child labor provisions. Community based assessment programs may be structured so the individual with a disability is considered an employee and compensated for the work performed. If the employer/employee relationship does exist, the employer may make use of the special minimum wage provisions provided for in the aforementioned Act. A COMMUNITY BASED ASSESSMENT AGREEMENT is required for each community based assessment.

2-23-4: Community Based Assessment Provided Directly by VR Staff

Vocational Rehabilitation staff to include but not limited to counselors, vocational evaluators, and placement specialist can be instrumental in developing the community-based experience. This community-based assessment can be used to assess any eligible Vocational Rehabilitation client. The assessment may include the following categories when provided by VR staff.

- **Job Exploration** to include job sampling, job shadowing, informational visits and interviews
- **Vocational Assessment/On the Job- Evaluation** to assess appropriate work settings, accommodations, work tolerance, job skills and work attitudes and behaviors.
- **Trial Work Experience** to determine if the individual with the disability can benefit from VR services in terms of employment.

Procedure for Community Based Assessment without Pay

A WORK EXPERIENCE -COMMUNITY BASED ASSESSMENT AGREEMENT is required for each community-based assessment. (DVR-0105B).

All clients participating in an unpaid community based assessment will be enrolled in the Eastern VR facility. The individual will not attend the facility, as this assessment is community based. However, the individual will be covered by the workers compensation policy administered by the **Work Source East** (WSE) and they will receive a stipend of \$2.50 per hour for time spent in the work experience. The purpose of payment is for reimbursement of expenses such as meals, transportation or other costs associated with participation. Stipends will be paid to the client by the WSE upon receiving information submitted by the counselor as indicated on the time sheet.

- The counselor, evaluator or placement specialist and client meet with the employer to jointly complete the Work Experience Community Based Assessment Agreement (Form DVR-0105 B). The original is given to the client, a copy to the employer and a copy is retained in the client's file.
- Counselor and client develop or amend the IPE to reflect the type of Community-based assessment unless the assessment is completed as a part of a trial work experience.

- The Progress Report Form on the second page DVR-0105B will be used as a guide to documenting activities.
- The counselor completes the Workers Compensation Enrollment Form and sends it to the WSE in Goldsboro so that workers compensation coverage will be in place prior to the client's first day of work. The form may be emailed or faxed. The counselor must make sure that the information has been received and processed by the WSE before the work experience-community based assessment begins.
- At the end of the work experience the counselor will complete, sign and send the Time Sheet to the WSE for processing and payment to the client. The counselor must include a W-4, I-9, social security card, and a copy of the driver's license or ID card.

Procedure for Community Based Assessment with Pay by the Employer

The Community Based Assessment with pay by the employer can be done in conjunction with OJT **or** if the client is already employed a vocational assessment/on the job evaluation can be done to evaluate skills, accommodations, work tolerance, work attitudes and behaviors. When doing an OJT please refer to the OJT policy (subsection 2-20-9).

- The counselor and client meet with the employer to jointly complete the Paid Work Experience Agreement (Form DVR-0105A)
- Counselor and client develop or amend the IPE to reflect the type of Community-based assessment being conducted.
- The Progress Report Form on the second page of DVR-105A will be used as a guide to documenting activities when assessing clients who are already working in paid employment. If the assessment is during an OJT please adhere to OJT policy for guidelines on tracking the client's progress.

For additional information, contact the Program Specialist for Employer Services.

2-23-5: Community Based Assessment for Transition Services

The Division has established a Statewide Budget Code 1299 that is to be used to purchase community based assessments for those individuals who are transitioning from secondary schools. The budget is designed to address unmet needs identified by VR Transition Counselors in the areas of assessment and career exploration necessary to provide transition services. It is expected that the new statewide budget will increase creative outreach and inclusion in situations where there has been a lack of resources. The budget was created to provide a flexible tool that may be utilized by counselors to serve students making the transition from school to work.

In order to utilize this new statewide budget effectively, please adhere to the

following policy and procedures:

- The budget may be utilized for all individuals who are enrolled in any of the four Courses of Study offered through the North Carolina Public School System or for individuals with significant cognitive disabilities that are not in one of the four courses of study.
- In addition, the budget may be utilized for individuals, 21 years old or younger, who dropped out of the public school system and require transition services in order to complete an Individual Plan for Employment.
- Assessments must occur in the community and in an integrated setting. The provider may use the DVR-0105C Community Based Assessment or their own contract to outline agreed upon assessment hours and other needed information.
- The work that the individual performs in order to complete the assessment may be paid or unpaid.
- Case service authorizations may be issued only to agency-approved vendors with community-based assessment experience, vendors who agree to provide the assessment in the community and in an integrated setting.
- Generally, authorizations are not to exceed thirty hours in order to avoid encumbering extensive assessment hours without counselor oversight. These hours may be used flexibly in small increments for job sampling, job shadowing, assessment, informational visits and interviews, as well as longer assessments up to thirty hours intervals.
- With justification and identified assessment needs, assessments in excess of thirty hours may be authorized if approved by the Unit Manager or the Manager's designee (CIC, AUM). Refer to the time periods in 2-23-3 for limitations on hours allowed by Wage and Hour for unpaid work experience.
- Reports will be completed utilizing the DVR-0105C Community Based Work Experience Progress Report including specific issues that have been identified by the counselor for the assessment.
- Assessments utilizing this budget are not to supplant other resources provided by the school, the school's contract providers or existing VR services (Vocational Evaluation, School Work Experience (Work Adjustment), Work Adjustment Job Coaching or Supported Employment).
- Assessment required to sponsor students in Trial Work Experiences may be sponsored with this budget if there is no resource to provide a Trial Work Experience in a community setting where there is an employer/employee relationship.
- Assessment associated with ongoing career exploration should be provided after the IPE is developed and not limited to the comprehensive assessment.

The rate for Community-Based Assessment is published in Volume V for reference. For additional information, contact the Program Specialist for

Transition Services.

CHAPTER THREE: PRELIMINARY ASSESSMENT

The PRELIMINARY ASSESSMENT is necessary to determine whether an individual is eligible for services and to assign the priority for services under the VR program's order of selection for services. **Aspects of the IL programs preliminary assessment and determination of eligibility are covered for purposes of concurrent records of services cases.**

Section 3-1: Timelines for Eligibility Determination

A determination regarding eligibility must be made within a reasonable period of time, not to exceed sixty days from the date the individual submitted an application for services unless:

1. Exceptional and unforeseen circumstances beyond the control of the Division prevent a determination within sixty (60) days, and the Division and the individual agree to a specific extension of time. In such cases, an **AGREEMENT TO EXTEND ELIGIBILITY DECISION** must be completed prior to sixty (60) days from the date of application (Effective 1-1-98). The original must be sent to the individual with a copy maintained in the record of service. The exceptional and unforeseen circumstances beyond the control of the Division along with the specific and agreed upon length of the extension must be documented. If a decision regarding eligibility is not made within the agreed upon timeline, then another AGREEMENT must be issued to the individual. If the applicant refuses to agree to extend the eligibility decision and the data is not available to make the eligibility determination, the application process should be discontinued.

OR

2. The Division is exploring through TWE's the individual's abilities, capabilities, and capacity to perform in work situations including experiences in which the individual is provided appropriate supports and training.

[The 1998 Amendments to the Rehabilitation Act of 1973 Sec. 102 (6)(A)(B); 34 CFR 365.30, 365.31; Eff.8-7-98]

Section 3-2: Use of Existing Information

Existing medical documentation or other specialist data shall be used for determining eligibility and rehabilitation needs. Counselor discretion is required to determine whether existing information is relevant and sufficient to determine eligibility for services.

If the existing data is not sufficient to describe the current functioning of the individual, then additional assessments must be obtained. The information must be sufficient to document the existence of a chronic physical, mental, or emotional impairment(s) for VR or in the case of IL, the information must document a significant impairment. Second opinions may be secured when a question arises regarding a diagnosis or treatment plan. In addition to medical data, counselor observations, school records, information provided by the applicant or the applicant's family, information used by the Social Security Administration, and determinations made by officials of other agencies may be used to identify impediments to employment.

[State Plan-Section 7; 1992 Amendments to the Rehabilitation Act of 1973: Section 7(22)(A)(I)(I) and(ii); Section 102(a)(2) and (3); 34 CFR 361.42(c)(1)(2); IL State Plan, Section 12; 34 CFR 364.4z; Eff. 2-11-97]

Section 3-3: Trial Work Experiences and Extended Evaluation

3-3-1: Trial Work Experience

A Trial Work Experience is defined as an exploration of the individual's abilities, capabilities and capacity to perform in realistic work situations. The trial work experience must be provided in the most integrated setting possible. The counselor must develop a written plan for the assessment on the **TRIAL WORK/EXTENDED EVALUATION FORM**. Trial work experiences may include supplemental evaluations, community based assessments (CBA's), and other experiences using realistic work settings. Appropriate supports including assistive technology, job coaching, and personal assistance services necessary to accommodate the rehabilitation needs of the individual must be provided during the trial work experiences. Trial work experiences should encompass a sufficient number of work sites over a sufficient period of time to allow for an appropriate assessment and observation of the individual. If an individual cannot benefit from VR services, this decision must be supported with clear and convincing evidence gathered from the trial work experience.

When a counselor questions an applicant's ability to benefit from VR services, a trial work experience for the individual must be obtained before a determination of eligibility or ineligibility is made. This does not apply to individuals who receive SSI/SSDI and are subject to Presumptive Eligibility. Presumptive eligibility

includes the presumption of benefit, the presumption that an individual can benefit from VR services.

The Trial Work Experience is to be carried out in applicant status (status 02), as part of the preliminary assessment. The Trial Work Plan (TWP) should document the anticipated completion date of the Trial Work Experience. If the TWP is documented before the 60-day eligibility period expires and the anticipated completion date of the plan exceeds the 60-day period, an **AGREEMENT TO EXTEND ELIGIBILITY DECISION FORM** is NOT needed. The signed TWP represents an agreement to delay the eligibility decision. If a TWP is being pursued but the Counselor and Client have not come to agreement on the TWP by the 60th day, then an **AGREEMENT TO EXTEND ELIGIBILITY DECISION FORM** must be completed. The counselor should render an eligibility decision upon completion of the Trial Work Plan.

Trial work experiences may be coordinated by VR staff, or may be coordinated through Community Rehabilitation Programs. Unit Managers are responsible for assisting their staff in developing resources and options for implementing this preliminary assessment function so that it is available when needed by counselors. Each trial work experience should be individualized for each applicant's unique situation. The individual should be afforded multiple opportunities to succeed.

Existing Volume I policies must be followed regarding the provision of Division services, including applicability of the financial needs criteria and comparable benefits. The fact that a service(s) is being provided in a trial work experience would not alter the requirement for survey of financial needs, when applicable. Diagnostic and Assessment services are not subject to the financial needs criteria.

Revised 10-09-08

3-3-2: Extended Evaluation

An Extended Evaluation may be provided in a facility based setting if an individual cannot take advantage of a trial work experience, or if options for the community-based work experience have been exhausted. During an extended evaluation, services must be provided in the most integrated setting possible, consistent with the informed choice and rehabilitation needs of the client. The counselor must develop a written plan for the extended evaluation, utilizing **TRIAL WORK/EXTENDED EVALUATION**. The Division will provide only the services necessary to make an eligibility determination during the extended evaluation. The Extended Evaluation Plan (EEP) should document the anticipated completion date of the Extended Evaluation. If the EEP is documented before the 60-day eligibility period expires and the anticipated completion date of the plan exceeds the 60-day period, an **AGREEMENT TO EXTEND ELIGIBILITY DECISION FORM** is NOT needed. The signed EEP represents an agreement to delay the eligibility decision. If an EEP is being

pursued but the Counselor and Client have not come to agreement on the EEP by the 60th day, then an **AGREEMENT TO EXTEND ELIGIBILITY DECISION FORM** must be completed. The counselor should render an eligibility decision upon completion of the Extended Evaluation.

Existing Volume I policies must be followed regarding provision of Division services including applicability of the financial needs criteria and comparable benefits. The fact that a service(s) is being provided as part of an extended evaluation would not alter the requirement for surveying financial need, if applicable. Diagnostic and assessment services are not subject to the financial needs criteria.

Revised 10-9-08

3-3-3: Trial Work/Extended Evaluation Plan

The **TRIAL WORK/EXTENDED EVALUATION PLAN (TW/EEP)** must be completed, describing services needed to complete the Preliminary Assessment. The individual signs and receives the original copy of the plan and subsequent revisions to the plan. This plan is not a part of the IPE, as it is completed in application status (02). All of the following information must be completed on the TW/EEP.

Date I expect to complete my plan: *The anticipated completion date must be noted.*

Services: *Each service required to complete the assessment should be recorded along with an anticipated initiation date of service. The service provider chosen should be as specific as possible. If the service provider is not known at the time of the TW/EE completion, it should be noted. As soon as the service provider is ascertained, the TW/EE should be updated to include this information. Any comparable benefit that is to be used to pay for the service should be listed along with the provider.*

Evaluation Criteria: *Data that documents the progress and/or outcome of the service.*

Responsibilities: *Information describing the responsibilities of both the Division and the individual in meeting the terms and conditions of the TW/EE should be recorded.*

Integrated setting and informed choice: *All services (including job placement) must be provided in the most integrated setting that is appropriate and consistent with the individual's informed choice. If services are not provided in an integrated setting, the reason(s) must be documented in this section.*

Supported Employment: *TW/EEP utilizing supported employment services*

requires the following additional information:

- *Information identifying the extended services needed by the individual, and*
- *The source of the extended services.*

Section 3-4: Case Status Codes and Definitions

3-4-1: Independent Living Program

For reporting purposes, the following case status codes will be used.

- 52 Applicant
- 58 Outcome from applicant status
- 60 Eligibility determined and plan development
- 62 IPIL implemented with a major goal of prevention of institutionalization or deinstitutionalization
- 64 IPIL implemented with a major goal of improving/maximizing functioning within the family, home, and community
- 66 IPIL implemented with a major goal of maintaining employment, improving vocational potential with possible transition to VR, or joint involvement with VR
- 76 Outcome after IPIL successfully completed
- 78 Outcome for other reasons after IPIL signed by participant
- 80 Outcome for other reasons after eligibility determination, but prior to participant signature on IPIL
- 82 Post closure services
- 84 Termination from post closure services

[34 CFR 364.51(a)(2) and 364.52; Eff. 9-30-94]

3-4-2: Vocational Rehabilitation Program

For reporting purposes, the following case status codes will be used. The case status code is contingent upon the major service being provided rather than services being contingent upon the case status code.

- 02 Applicant
- 04 Pre-service listing (to be used only when the Division has implemented the Order of Selection policy)
- 08 Outcome from case status code 02
- 10 Accepted for services - Rehabilitation plan development
- 12 Rehabilitation plan developed and signed
- 26 Successful outcome
- 28 Unsuccessful outcome after IPE signed by client

- 30 Unsuccessful outcome after eligibility determination but prior to client signature on the IPE
- 32 Post employment services
- 38 Outcome from case status code 04 (to be used only when the Division has implemented the Order of Selection Policy)

[State Plan; Section 4.16 Reports]

Section 3-5: Referral and Application Process

CROSS REFERENCE: Appendix Entry - REFERRAL - SCRIPT

3-5-1: Availability for Services

In order to become an applicant for services or continue in services, the individual must be available to participate in necessary assessments for purposes of determining eligibility, rehabilitation needs and services. When a criminal records check indicates that the individual is a fugitive from justice (i.e. criminal background check contains instructions to contact law enforcement authorities immediately), the individual will not be considered available for services. Individuals in the following circumstances may not be considered available for participation in services:

1. Have current charges with pending court dates or sentencing that would prevent the individual from participating in a program of vocational rehabilitation services (these situations must be staffed with the Unit Manager)
2. Cannot/or are unwilling to attend appointments and evaluations
3. Are unwilling to participate in essential disability related treatment that will enable an individual to benefit from Division services in terms of an employment outcome

As a division of North Carolina state government, Vocational Rehabilitation is required to comply with any orders on file with the NC Department of Criminal Justice for reporting individuals having outstanding warrants to the appropriate authorities.

[The Final Regulations to the 1998 Amendments of the Rehabilitation Act, 34 CFR Part 361, Sec. 361.41 (b) (C) (iii)] [NC General Statutes 14-267 and 14-259]

Revised 09-04-09

3-5-2: Referrals

Referrals may be made by any individual, agency, professional, relative or friend;

or individuals may self-refer. Once an individual states a desire to apply for VR services, the individual must be provided with sufficient information to aid the individual's decision on further pursuit of services. This will include informing the individual that the Division conducts criminal background checks on all new referrals, including those who are minors. Upon completion of the criminal background check and documentation of other necessary referral data, the individual may be scheduled for a group orientation session. A referral form is completed utilizing the form available for Independent Living and Vocational Rehabilitation in the automated case management system. Upon completion of the referral process, the individual may be scheduled for an appointment for purposes of taking a VR/IL application. The following information will be documented on the referral form:

Independent Living Services

- Name
- Date of referral
- Address
- Date of birth
- Telephone number
- Stated impairment
- Stated Independent Living needs
- Referral source
- Directions to residence
- Completion of Criminal Background Check

Vocational Rehabilitation Services

- Name
- Date of referral
- Address
- Date of birth
- Telephone number
- Stated impediment to employment and requested services
- The date the application intake is scheduled or applicant packet mailed or given to the individual.
- If the application is not completed within 21 calendar days, the circumstances for delay must be documented
- At least two efforts to contact the individual must be documented on the referral form if an application is not completed.
- Directions to residence if needed
- Completion of Criminal Background Check

Circumstances that result in a delay in the application process must be documented on the referral form for individuals who do not complete an application or in the comment section of the completed application. The date of referral must be entered into the database when the application date is entered.

Counselors will work closely with referral sources to establish criteria for appropriate referrals. It is also the counselor's responsibility to educate the referral source that the individual must consent to a referral to VR/IL to be considered a referral. Individuals who have been referred as a part of a large list of potential referrals will not be considered an official referral. If an individual indicates interest in applying for VR services after they have been contacted by a counselor or other designated staff, the application process must be initiated within 21 days. Independent Living referrals must be initiated as soon as possible after the referral is made based on the priorities for services listed in section 3-8.

Revised 09-04-09

3-5-3: Timeliness of the Application Process

In order to assure that individuals with disabilities receive services in a timely and equitable manner, the Division shall initiate the application process as soon as possible for each referral. Vocational Rehabilitation must initiate contact immediately and begin the application process within no more than 21 calendar days after receiving a referral. Options for initiating the application process are as follows:

- Scheduling an individual intake and counseling session in the office
- Scheduling an individual intake and counseling session at the individual's residence at the time of referral
- Providing a referral packet to an individual who comes to the office and requests services
- A documented telephone call explaining VR services followed by mailing an application packet for the individual to return
- A letter or email with an application and information packet included
- A group orientation in which applications and information packets are distributed

Revised 10-01-03

3-5-4: Procedures to Enter Applicant Status

The Division must inform each individual of the application requirements and identify the information that must be gathered to process the application. Referral packets mailed or given to the individual to complete must minimally include the following information:

- A cover letter explaining application requirements and advising the individual that their provision of existing information could assist with making a more timely eligibility determination
- An application for services

- Information regarding client rights, appeals process and CAP
- Information Release Forms
- An explanation of the income verification process and required documents
- Requirement for a Social Security number
- Parent consent form if the individual is under 18

The preliminary assessment begins at the time of application for Division services and terminates at the time an eligibility decision is made. An individual is officially an applicant once the application form is appropriately completed and signed by the individual and/or, as appropriate, the individual's parent, guardian, advocate, or representative. Individuals who are under age eighteen and are not legally emancipated minors cannot apply for services until the counselor has received signed parental permission. Guardianship issues also must be considered. For VR purposes, the counselor must notify each applicant that an order of selection for services would be implemented if it is determined the Division has insufficient resources to serve all individuals determined eligible for services. If an applicant does not speak English or understand verbal or written information or if he or she communicates by sign language, the counselor must arrange for the most appropriate method of communication. Each applicant must be given a copy of the Client Assistance Program brochure. All required signatures must be obtained and maintained on a paper copy of the application in the case record.

Revised 10-01-03

3-5-5: Procedures to Exit Applicant Status

To exit the applicant process, the individual's record of service must:

1. Be closed for reasons other than ineligibility;
2. Be closed due to ineligibility; or
3. Be determined eligible for rehabilitation services.

Applicant records for VR services cannot be closed because an individual is ineligible due to the severity of the disability/unfavorable medical prognosis (reason code 02) without first exploring the capacity to perform in work situations through trial work periods. *(1998 Amendments to the Rehabilitation Act of 1973; Eff. 8-7-98)*

Section 3-6: Determination of Impairments

3-6-1: Physical Conditions

CROSS REFERENCE: Section 2-16 Physical Restoration

Physical impairments must be diagnosed by the appropriate medical specialist and should be chronic in nature. Family Nurse Practitioners (FNP) and Physician's Assistants (PA) may diagnose impairments that are within the purview of the medical specialty that employs them (e.g. a PA in an orthopedic practice may diagnose orthopedic impairments). "Chronic" would refer to those conditions that are of long duration. "Acute" conditions are generally of short duration, of sudden onset, and should not present residual problems following treatment.

If all that an individual requires is payment/sponsorship of a medical service, then the individual is not eligible for VR services. The counselor must always question whether the individual meets VR eligibility in *requiring a program of VR services* (meaning, are the skills, resources, and supportive counseling provided by a qualified VR counselor needed?). This does not apply to individuals who because of the nature of their disabilities require permanent assistive devices, rehabilitation technology, or ongoing on-the-job supports (examples – hearing aid, wheelchair, home or worksite modifications, etc.).

Revised 02-15-11

3-6-2: Temporary Medical Conditions Which are Not Eligible

Temporary conditions which are easily addressed and remedied with acute level treatment do not fall within the definition of impairment for eligibility purposes. Division funds should not be viewed and used strictly to supplant health insurance, or the lack thereof. There are medical conditions and services that many individuals face at some point in their lives that do not result in substantial impediments to employment. Examples of these types of conditions could include but are not limited to:

- Appendicitis
- Fractures
- Recent Onset Knee Injury
- Recent Onset Back Injury
- Recent Onset Hernia
- Recent Onset Gynecological Conditions
- Lipoma
- Cholecystitis (Gall Stones)
- Renal Calculus (Kidney Stone)

3-6-3: Eligibility for VR Services based upon a Physical Disability

One or more of the following three guidelines may apply in making a determination of eligibility for VR services:

1. **Chronic Impairments** – Chronic generally refers to an impairment that has a long or indefinite duration, and is marked by frequent recurrences. There are, however, impairments which have a rapid onset, but by their nature, are chronic from the outset or early stage. These types of rapid onset impairments are covered under #3 below. Other chronic impairments have a gradual or insidious onset such as multiple sclerosis. In these situations, whether an individual has an impairment with substantial impediments to employment and/or whether the individual requires a program of Division services could be determined once the chronic nature of the impairment becomes evident. However, counselors must keep in mind that some chronic diagnoses, in the early stages, do not present substantial impediments or functional loss in the individual, so in these instances eligibility cannot be established. The existence of substantial impediments to employment may not be an issue until later stages of the disease. The medical data and the case history should provide the documentation of the chronic impairment, its current status and resulting substantial impediments.

Examples of chronic impairments could include:

- A. Multiple Sclerosis
- B. Crohn's Disease
- C. Coronary Artery Disease
- D. Degenerative Joint Disease
- E. Hemophilia
- F. HIV Disease
- G. Cerebral Palsy

In terms of the age of the medical data for determining VR eligibility, this depends upon the nature of the impairment in question. For example, HIV disease tends to be unstable with exacerbations and remissions – recent medical data would be needed to determine the current status of the diagnosis. However, cerebral palsy tends to be a stable, unchanging condition with a relatively fixed set of impediments, so older medical data may actually suffice for establishing the impairment, impediments and other components of VR eligibility.

2. **Acute or Temporary Medical Conditions/Injuries which Become Chronic** – To a certain degree, depending upon the diagnosis, the timeframe varies for an impairment transitioning from acute to chronic. Although most of the types of diagnoses covered above under

temporary/acute conditions would not become chronic, some could progress into chronic impairments and present to VR as such.

Examples could include:

- A. Back or knee impairments presenting functional loss that have been medically documented for extended periods of time.
- B. Fractured bone resulting in nonunion. (This impairment is defined to have occurred if the fracture site has failed to heal by six to nine months.)

Often, the question of whether an acute or temporary condition has progressed to becoming chronic with substantial impediments can not be answered until the individual has undergone the initial set of medical interventions and had time to go beyond the acute phase in terms of recovery and healing (keeping in mind that physical therapy and other ancillary services are sometimes a part of the initial/acute interventions following surgery).

However, if a diagnosis of an acute condition is documented by medical data and remains unresolved after 9 months it may be considered chronic. There may or may not have been optimal treatment interventions. The rehabilitation counselor must also establish from the medical data that the chronic impairment is presenting substantial impediments to employment.

In exceptional situations, with counselor discretion, this determination may be made as early as six months from the initiation of medical intervention if the medical data definitively shows the existence of a chronic impairment. If the individual meets the other components of the VR eligibility criteria, then overall eligibility for the program may be considered. The analysis of the medical data by the counselor is of critical importance in making the determination of eligibility based upon a physical impairment.

3. **Injuries or Rapid Onset Impairments which have a High Probability of Becoming Chronic** – Some injuries or impairments, from the early stages, carry a high probability of becoming chronic, notwithstanding the acute level interventions that are initiated. In such cases, the distinctions between stable and unstable, acute and chronic may be unclear or academic. Also, the standards of six or nine months as indicators of chronic impairment (and stated above under number “2”) may not be applicable in these cases. There may also be a high probability of substantial impediments to employment resulting from the likelihood of chronic impairment. In these circumstances, though the Division still could not sponsor emergency interventions, counselor judgment is essential in determining on an individual case basis, at what point during the recovery process a chronic impairment with substantial impediments becomes

apparent and Vocational Rehabilitation services would be appropriate. Examples could be:

- amputations (either traumatic or disease connected)
- strokes with resulting hemi-plegia or other functional loss
- diabetes
- seizure disorder
- reconstructive surgery
- spinal cord injury
- traumatic brain injury
- disfigurement of one or more limbs resulting from trauma or disease
- second or third degree burns

Staffing with the Unit Manager, Quality Development Specialist and/or Unit Medical Consultant should occur whenever questions arise.

3-6-4: Sponsorship of Medical Diagnostic Services for Purposes of Determining Eligibility for VR Services

Generally, the Division should not sponsor diagnostic medical evaluations of new onset impairments for purposes of determining eligibility for services. The Division will not sponsor emergency hospitalization, diagnostics or treatment needed at the time of referral relating to an acute impairment, injury or suspected impairment. The appropriate point for VR involvement is generally the rehabilitation phase of chronic impairments.

However, the Division may sponsor diagnostic examinations/assessments associated with stable or slowly progressive conditions for use in eligibility determination if available existing data containing a chronic diagnosis is insufficient in establishing a current impairment with impediments, or if an updated evaluation is advisable given the nature of the impairment. Examples could include situations in which the existing data obtained by the counselor is dated and insufficient in providing a current picture of client's condition or impediments; or, in which the condition may be unstable in nature, characterized by exacerbations and remissions, and an updated assessment is advisable to address the individual's current status and to clarify current impediments to employment.

An individual may present at referral with compelling indications of a chronic disabling condition even though there may be a lack of existing data. In this situation, in order to determine the existence of a disabling condition, the Unit Manager may approve an exception and authorize a diagnostic specialty evaluation. The Quality Development Specialist and/or Chief of Policy and Casework Operations should be consulted whenever questions exist. The

counselor's knowledge base and professional discretion are critical factors in identifying the indicators of chronic versus acute, temporary or remediable conditions.

3-6-5: Psychological/Psychiatric Conditions

***CROSS REFERENCE:* Appendix Entries - INTELLECTUAL DISABILITY, LEARNING DISABILITY, ATTENTION DEFICIT DISORDER, BORDERLINE INTELLECTUAL FUNCTIONING, AND SUBSTANCE ABUSE**

Evaluation and diagnosis by the appropriate specialist is required to establish the existence of a mental, emotional, or substance abuse impairment.* Appropriate specialists include:

Attention Deficit Disorder**

- Psychologist
- Licensed Psychological Associate
- Psychiatrist
- Neuropsychologist
- Neuropsychiatrist
- Neurologist
- Pediatrician

Autism/Pervasive Developmental Disorder

- Psychologist
- Licensed Psychological Associate
- Neuropsychologist
- School Psychologist (w/copy of IEP Team Report)
- Neurologist
- Neuropsychiatrist
- Pediatrician

Borderline Intellectual Functioning**

- Licensed Psychological Associate
- Psychologist

Intellectual Disability, Learning Disability**

- School Psychologist (w/copy of IEP Team Report)
- Psychologist
- Licensed Psychological Associate

Other Mental Health Disorders

- Licensed Professional Counselor
- Licensed Clinical Addictions Specialist
- Licensed Marriage and Family Therapist
- Licensed Clinical Social Worker
- Licensed Psychological Associate
- Psychologist
- Psychiatrist
- Physician associated with Treatment Facility
- ASAM (American Society of Addiction Medicine) Certified Physician

Substance Abuse**

- Psychologist
- Psychiatrist
- Physician associated with a treatment facility
- ASAM (American Society of Addiction Medicine) certified physician
- Licensed Clinical Addictions Specialist
- Licensed Psychological Associate
- Certified Clinical Supervisor (CCS)

**Division staff having any of the above credentials are prohibited from diagnosing and providing treatment to individuals served by the Division of Vocational Rehabilitation Services. For questions about secondary employment contact the Human Resources Section of NC DVR.*

***Refer to the corresponding entry in the appendix for further documentation requirements for establishing the impairment and impediments.*

The condition must be chronic and current. Some individuals with mental health impairments may require evaluation by more than one specialist depending on the complexity of their impairment (e.g. a person with schizophrenia diagnosed by one of the nonmedical specialists may need referral to a psychiatrist for medical management). Counselor discretion is imperative in determining whether existing assessments are sufficient in describing the nature and severity of the individual's impairment. As always, if existing assessments are not sufficiently comprehensive to describe the individual's impairment and current functioning, additional assessments may be obtained.

If the individual falls within a target population group for publicly funded mental health services, the Counselor should use these resources for diagnostic and treatment purposes as long as access to and utilization of these services do not present substantial delays in or difficulty with accessing VR services.

Diagnoses noted as being "by history" are not accepted due to lack of current impediments to employment. Diagnoses with the qualifier "in full sustained remission" should be assessed on an individual case basis and may or may not

present current impediments to employment.

For those individuals in school, intellectual disabilities, learning disabilities and autism (pervasive developmental disorder) must be documented by obtaining a copy of the school psychological and a copy of the IEP (Individualized Education Plan) Team report. Psychological evaluations from the school systems may be used for the identification of learning disability and may be considered along with data specified in the LD policy (*Appendix*). School psychological evaluations may also be used for the identification of an intellectual disability if the IQ scores fall within the American Association on Intellectual and Developmental Disabilities (AAIDD) ranges used by VR for disability coding purposes; adaptive behavior deficits are present; and the individual is being served by the school system as intellectually disabled as evidenced on the IEP team report. In situations when the school psychologist and the IEP Team do not concur regarding placement for one of these three conditions, the counselor must use the disabling condition that corresponds to the IEP team placement as evidenced on the IEP team report. Other diagnoses, such as emotional or behavioral disorders, require a valid DSM diagnosis (Diagnostic and Statistical Manual of Mental Disorders).

Evaluations from other sources such as educational institutions, government agencies, or institutions such as prisons, hospitals, or mental health clinics are considered valid sources of data as long as the evaluation is performed by or under the direction of one or more of the specialists listed above.

[34 CFR 361.42]

Revised 05-18-09

3-6-6: Shelf Life

The age validity or “shelf life” of an evaluation is dependent upon the impairment and counselor discretion. For the comprehensive assessment, up to date evaluations may be needed to show the current functioning or status of the individual’s impairment; however, if the evaluation is for eligibility purposes in establishing the impairment, then the following guidelines for age validity apply:

1. For individuals currently in treatment there is no age requirement on existing data as long as the treatment has been provided by one or more of the specialists listed under 3-6-5, and has been uninterrupted. This would include individuals in correctional facilities who have been in treatment for the duration of their incarceration.
2. For individuals not currently in treatment, if a condition is defined by the DSM-IV-TR as a cognitive disorder, psychotic disorder, or mood disorder, individuals should be reevaluated if the information is more than five years from the date of application for services. Anxiety disorders, personality disorders, and mental and emotional disorders not elsewhere classified,

require a reevaluation if the report is older than two years from the date of application for services.

3. For individuals not currently in treatment, if an intellectual disability or another pervasive developmental disorder (i.e. autism) has been previously diagnosed and there has been no dramatic change in the client's environment or physical well being, then there is no age requirement on existing data.
4. For the diagnosis of Borderline Intellectual Functioning (BIF), a psychological evaluation may be considered as current for up to five years from the date of application for services.
5. For individuals not currently in treatment, reports providing the diagnosis of Attention Deficit/Hyperactivity Disorder have a shelf life of three years from the date of application for services.
6. If a learning disability (LD) has been previously diagnosed in a secondary education setting and the individual has been served under an IEP within the past two years, a school psychological evaluation with the IEP team report may be regarded as current for up to five years from the date of application for services. Other provisions specified in the LD policy (Appendix) apply. For psychological reports providing the DSM diagnosis of learning disability, the five year shelf life also applies.
7. For individuals not currently in treatment, for purposes of the preliminary assessment, reports providing the diagnosis of substance abuse or dependence can be considered as current within one year of the date of application for services.

Revised 05-18-09

3-6-7: Special Conditions

The Division has established criteria to assist counselors in making decisions regarding the existence of an impairment that for some individuals may cause substantial impediments to employment. Service delivery staff should be very familiar with these conditions in order to assure that individuals with disabilities are evaluated consistently and fairly. The appendix contains policy entries addressing criteria the Division has established for the following impairments: Attention Deficit Disorder, Blind and Visually Impaired, Borderline Intellectual Functioning, Chronic Fatigue Syndrome, Chronic Pain, Cochlear Implants (Hearing Impairment), Dental Impairment, Hearing Disabilities, Human Immunodeficiency Virus (HIV Disease), Learning Disability, Intellectual Disability, Substance Abuse.

Section 3-7: Eligibility for Independent Living

3-7-1: Eligibility Criteria

IL services may be provided to an individual:

- A. with a significant disability;
- B. whose ability to function independently in the home or community, or whose ability to maintain employment is substantially limited;
- C. who shall be an active participant in his/her own IL rehabilitation program, involved in making meaningful and informed choices about IL goals and objectives;
- D. who shall be a full partner and share joint responsibility for planning and implementing his/her IL rehabilitation program; AND
- E. for whom the delivery of IL services will:
 - improve or maintain the ability to maximize their independence in the home or community, OR
 - enable employment, OR
 - enable transition to VR.

3-7-2: Significant Disability

The classification of significant disability is based on the degree to which an individual's impairment results in barriers to independent living. The decision regarding significant disability will be documented in the record using the definitions presented in this subsection. Along with the definitions, counselor judgment is essential in determining the perceived degree of difficulty presented by the individualized nature of the disability relative to the extent of counselor time and involvement which will be required to reach the client's goals. The receipt of disability benefits (SSI/SSDI) implies the presence of a disabling condition that seriously limits one or more functional capacities, but does not automatically imply the significance of one's disability for Independent Living.

An individual with a significant disability is a person who:

- A. Has a significant physical or mental impairment that seriously limits one or more functional capacities (Communication, Mobility, Self-Care, and/or Sustained Activity) in terms of an independent living outcome. "Seriously limits" means that the lack of functional capacity requires accommodations and/or interventions that cannot be easily achieved and that will be required permanently in order for the individual to achieve a successful independent living outcome,

AND

- B. Requires multiple independent living services, whether provided by the Division or another provider, in order to complete an independent living rehabilitation program OR requires a permanent service(s) in the form of rehabilitation technology or personal assistance.

Definitions of Functional Capacity Areas (In order to demonstrate that an individual is “seriously limited,” at least one of the following limitations must apply.)

COMMUNICATION: Communication is the ability to use, give, and/or receive information.

Functional Limitations include:

- * Inability to speak intelligibly to people outside of the family
- * Inability to communicate in the home or community without accommodations or assistive technology

MOBILITY: Mobility is the ability to move from place to place.

Functional Limitations include:

- * Inability to drive without modifications and/or specialized training
- * Inability to climb one flight of stairs or walk 100 yards without pause or without adaptive equipment or personal assistance
- * Demonstrated loss of driver’s license due to physical impairment

SELF-CARE: Self-care is the ability to plan and/or perform daily activities.

Functional Limitations include:

- * Inability to perform activities of daily living (ADLs) without rehabilitation technology or personal assistance
- * Inability to plan and prepare meals
- * Inability to use the phone or get help in case of an emergency

SUSTAINED ACTIVITY: Sustained activity is the ability to perform activities of daily life over a continuous period.

Functional Limitations include:

- * Inability to participate in sustained productive activity in the home, community, or workplace without extended restorative rest.

3-7-3: Functional Improvement

The eligibility decision must include projected functional improvements in specified life areas; which include self-care, mobility, communication, residential, educational, and vocational.

3-7-4: Presumption of Eligibility

Eligibility for IL services is determined individually based on the criteria in Section 3-7-1. There is no presumption of eligibility for Independent Living Services.

3-7-5: Record of Service Documentation

The *Eligibility Decision* must be completed on all individuals determined eligible for services. This form must be maintained in the case record and a copy given to the participant. The counselor must document:

- A. The significant disability by recording the three-digit RSA disability code;
- AND**
- B. The areas and ways functioning will be improved with the provision of IL services.

The determination of significance of disability shall be documented on Form ILRP-1006.

Section 3-8: Priority of Services for the IL Program

The categories of service delivery for the IL program in priority order are to:

- 1. Provide for deinstitutionalization of persons with significant disabilities;
- 2. Prevent the institutionalization of persons with significant disabilities who are “at risk;”
- 3. Assist persons with significant disabilities towards community living; AND
- 4. Assist persons with significant disabilities towards employment transition.

Definitions

Deinstitutionalization: Client is currently living in an institution and needs IL services as part of their discharge plan.

Prevent Institutionalization: Client is currently living outside an institution. Documentation verifies that if IL services are not provided, the individual will be placed in an institution within the next 90 days.

Community Living: Client is currently living outside an institution and requires IL services to maintain and maximize independence. Client is not in immediate danger of being institutionalized.

Employment Transition: Client can benefit from joint IL and VR services to meet goals of independence and employment.

Section 3-9: Eligibility for Vocational Rehabilitation

3-9-1: Eligibility Requirements

In order to be eligible for vocational rehabilitation services the individual must:

Be an individual with a disability. This is defined to mean:

1. the individual has a physical or mental impairment which for such individual constitutes or results in a substantial impediment to employment;
2. the individual can benefit from vocational rehabilitation services in terms of an employment outcome; AND
3. requires vocational rehabilitation services to prepare for, secure, retain gainful employment consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, and informed choice.

[The 1998 Amendments to the Rehabilitation Act of 1973 Section 1029A091)]

3-9-2: Determination of Impediments

CROSS REFERENCE: Appendix Entry - Impediments to Employment

Impediments are defined as the functional vocational limitations created by the impairment(s). Once the impairment(s) are established, the counselor must determine if and to what extent the diagnosed impairment(s) create substantial impediments in terms of an employment outcome. The counselor must be able to specify and document how the impediments interfere with employment. There must be a direct relationship between the impairment and impediment and the individual's current employment status.

[The 1998 Amendments to the Rehabilitation Act of 1973, Section 102(a)(1)]

Revised 01-13-09

3-9-3: Presumption of Benefit

In making a determination regarding an individual's eligibility, there is a presumption that the individual can benefit from vocational rehabilitation services in terms of an employment outcome. Essentially, this means that the Counselor must interpret assessment data within the context of this presumption, i.e., the applicant has the capability to work as the result of the provision of vocational rehabilitation services. Should the Counselor have reason to question this

presumption due to the severity of the disability, it is required that the counselor provide, to the extent necessary, appropriate assessment activities to obtain necessary additional data to demonstrate by clear and convincing evidence that the individual is incapable of benefiting in terms of an employment outcome from vocational rehabilitation services. Under no circumstances should the applicant be determined ineligible for services due to the severity of the disability without first conducting additional assessments including, when appropriate, trial work experiences with appropriate supports provided by the Division. Individuals who are presumed eligible because they receive SSI or SSDI (see subsection 3-9-5 Presumption of Eligibility) are also presumed to benefit from VR services regardless of the severity of their disabling condition.

[The 1998 Amendments to the Rehabilitation Act of 1973, Section 102(a)(2); eff. 8-98]

Revised 10-08-08

3-9-4: Requires Vocational Rehabilitation Services

The counselor must document why the applicant requires a program of rehabilitation services in order to reach a successful employment outcome. The specific services necessary to reach the employment outcome need not be known or documented. To affirmatively address this part of the eligibility determination, the counselor must have a thorough understanding of the applicant's impairment(s) and substantial impediments to employment. For example, an individual with an easily ameliorated impairment which can be totally resolved without residual impediments to employment would not require a program of rehabilitation services.

[The 1998 Amendments to the Rehabilitation Act of 1973, Section 102 (a)(1)]

3-9-5: Presumption of Eligibility

CROSS REFERENCE: Section 4-2 Comprehensive Assessment – General Guidelines

If an individual has been determined, pursuant to title II or title XVI of the Social Security Act, to be a person with a disability, the individual is presumed to be eligible to receive services if the individual intends to achieve an employment outcome. These individuals are also presumed to benefit from VR services. Presumption of eligibility and presumption of benefit do not imply that the counselor should forego a thorough comprehensive assessment for individuals receiving SSI/SSDI, nor does it imply entitlement to any specific VR service. The counselor and individual presumed eligible must be able to identify an employment outcome and related rehabilitative services which are consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities,

interests, and informed choice of the individual.

Medical records are not required to document presumption of eligibility; however, the counselor must obtain documentation from the Social Security Administration confirming the current benefit status and nature of the award.

[The 1998 Amendments to the Rehabilitation ACT of 1973, Section 102(a)(3); 34 CFR 361.42]

Revised 10-08-08

3-9-6: Eligibility Decision

The ELIGIBILITY DECISION must be completed on all individuals determined eligible for services. Completion of the form documents and substantiates that the applicant meets all eligibility criteria for the VR program. **The rehabilitation counselor documents the individual's substantial work-related impediments on the Eligibility Decision. It is not necessary to re-state impediments on the Written Rehabilitation Analysis Page (WRAP) that have been addressed on the Eligibility Decision Form.** A completed form must be maintained in the case record and a copy given to the client.

[The 1998 Amendments to the Rehabilitation Act of 1973, Section 102(a)(1): Eff. Date 5-1-99]

Revised 01-13-09

3-9-7: Significant Disability/Most Significant Disability Documentation

The SD/MSD classification is based on the level of difficulty in seeking, obtaining and maintaining employment that is caused by the client's impediment to employment. The decision regarding significant disability will be documented in the record using the definitions presented in this section. Along with the definitions, counselor judgment is essential in determining the perceived degree of difficulty presented by the individualized nature of the disability relative to the anticipated extent of counselor time and involvement which will be required to reach the client's goals.

An individual with a significant disability is a person:

1. Who has a significant physical or mental impairment that seriously limits one or more functional capacities (such as communication, interpersonal skills, mobility, self-care, self-direction, work skills, work tolerance) in terms of an employment outcome. All eligible individuals have substantial impediments to employment. A functional capacity that is seriously limiting

is qualitatively different in both the level of dysfunction and the effect that it has on the individual's ability to work. "Seriously limits" means that the lack of functional capacity requires **accommodations and/or interventions that cannot be easily achieved and that will be required permanently in order the individual to obtain and maintain successful employment.**

2. Who requires multiple services over an extended period of time in order to complete vocational rehabilitation;

Multiple Services: two or more core services which are:

- **Diagnosis and Treatment of Impairments:** Physical and mental restoration are included but not intercurrent illness
- **Counseling and Guidance:** Substantial counseling and guidance that addresses separate and specific objectives with documentation of regular appointments scheduled and documentation of progress towards objectives. This service is distinct from the general counseling relationship that exists between the counselor and the client during the entire rehabilitation process.
- **Training**
- **Job Related Services:** Job search, placement and on-the-job supports
- **Rehabilitation Technology:** This may include but is not limited to assistive technology devices; repairing, customizing, adapting or maintaining assistive technology devices; coordinating and using other therapies and interventions with assistive technology; training and technical assistance to clients, family members, employers, other agencies or rehabilitation professionals and modifications to vehicle, home or work site.

All other services are supportive to those listed above. In considering what is included in Multiple Services for determining SD and MSD, only the above services can be included. This in no way limits the services provided to the client in the supportive category, but limits documentation of multiple services to the five (5) core services listed above. Multiple Services refer to the number of different core services planned on the IPE.

Extended period of time: The individual will require at least nine (9) months to complete the services on the IPE. This does not include the standard amount of time required to complete a postsecondary training curriculum, but does include extra time required to complete the curriculum due to disability related reasons,

OR

Will require one of the following services permanently in order to accomplish their

job choice and maintain employment

- **Personal assistance services**: Personal assistance services may include personal attendant services, interpreting services for individuals with hearing disabilities, and reader services.
- **Rehabilitation Technology**: Rehabilitation technology may include wheelchairs, prostheses, hearing aids and orthotics prescribed due to seriously limited functional capacity areas.
- **Extended Services**: Extended services are defined as ongoing support services for Supported Employment that may include natural and community support. In locations where there is no provider for Supported Employment, Extended Services may also be used to meet the extended period of time criteria for individuals who have completed Work Adjustment Job Coaching. Refer to the definition of Extended Services and ongoing support services in subsection 2-20-13 Supported Employment.

AND

3. Who has one or more physical or mental impairments resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, intellectual disability, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia and other spinal cord conditions, sickle-cell anemia, specific learning disabilities, end-stage renal disease, or another disability or combination of disabilities determined, on the basis of an assessment for determining eligibility and vocational rehabilitation needs, to cause comparable substantial functional limitations.

In order to be classified significantly disabled, the individual must have a disability and meet all three requirements stated above. Individuals who are receiving SSI or SSDI (with supporting verification in the case record) are considered to be significantly disabled.

[The 1998 Amendments to the Rehabilitation Act of 1973, Section 7(21)]

An individual with **the most significant disability** is:

- Defined as an individual who meets all aspects of the definition for significant disability, but
- Whose impairment seriously limits three or more functional capacities in terms of an employment outcome, and
- The individual will require at least nine (9) or more months to complete the services on the IPE or who will require one of the following services permanently in order to accomplish their job choice and maintain employment:

- Personal assistance services
- Rehabilitation technology
- Extended Services

Individuals receiving SSI/SSDI are considered to be most significantly disabled if they are seriously limited in three or more functional capacity areas without requiring extended time and multiple services as defined in this policy.

Revised 01-02-03

FUNCTIONAL CAPACITY AREAS

Functional capacity areas are the areas of ability which are impacted by an individual's disability and used to determine serious limitations to employment for an eligible individual with a disability. The following indicators should be used in determining serious functional capacity limitations:

Communication

Communication is the ability to use, give and/or receive information

- Inability to perform written communications without accommodations (assistive technology)
- Inability to communicate in the workplace without accommodations
- Unable to speak intelligibly to people outside the family
- Having a reading level below the fifth grade

Interpersonal Skills

Interpersonal skills are the ability to establish and/or maintain appropriate interactions with others.

- Requires specialized training and/or personal assistance to establish and/or maintain appropriate interactions with coworkers, supervisors, etc;
- Requires prescribed medication to establish and/or maintain appropriate interaction with co-workers, supervisors, etc.
- Has a documented history of job loss due to limitations in interpersonal skills

MOBILITY

Mobility is the ability to move from place to place.

- Cannot drive without modifications and/or specialized training
- Inability to ambulate without adaptive equipment or personal assistance
- Lost driver's license due to physical impairment

SELF CARE

Self-Care is the ability to plan and/or perform daily activities.

- Cannot live without supervision
- Inability to perform activities of daily living without personal assistance or Rehabilitation Technology intervention
- Cannot plan or prepare meals
- Cannot use a telephone or get help in case of emergency

SELF DIRECTION

Self-Direction is the ability to plan and/or receive information.

- Inability to adjust to new situations without personal assistance or specialized training
- Unable to concentrate for minimal periods of time required to make decisions, problem-solve, plan activities or complete multi-step tasks without being easily distracted
- Inability to make routine decisions without structured intervention, personal assistance or specialized training

WORK SKILLS

Work Skills is the ability to learn and/or perform work functions.

The individual **requires** accommodations to plan, problem solve and/or organize work functions. This may include, but is not limited to, the following:

- Rehabilitation technology to plan, problem solve and/or organize work functions;
- Personal assistance services to plan, problem solve and/or organize functions;
- Specialized training to plan, problem solve and/or organize work functions.
- Job Coach to plan, problem solve and/or organize work functions.

WORK TOLERANCE

Work tolerance is the ability to sustain the required level of work function.

- Requires a variable work schedule for disability-related needs
- Cannot perform sustained work activity for two hours or more without rest

*[The 1998 Amendments to the Rehabilitation Act of 1973, Sec. 101(a)(5)(C);
NCAC T10:20A .0102*

Revised 05-01-02

Section 3-10: Order of Selection for Services for the VR Program

Successful implementation of the Order of Selection plan and the flexibility to serve the maximum number of individuals possible with existing resources is contingent upon the Counselor's accurate and fair decisions in assigning the categories.

3-10-1: Definitions

The following definitions apply to the Order of Selection process:

1. **Established** - The Order of Selection process is established upon approval by the Rehabilitation Services Administration (RSA) of the State Plan.
2. **Implemented** - The Order of Selection process is implemented when a category or categories are closed (not being served) due to insufficient resources to accept all clients eligible for service.
3. **Acceptance** - The Division is serving the category to which the individual is assigned and the individual will receive services. An individual may be eligible and accepted for services or may be eligible and not accepted for services. Each individual who is eligible and not accepted for services will be placed on a waiting list.
4. **Pre-Service List - (Waiting List)** - List of eligible clients that establishes the order in which individuals will be provided services once resources are available. Clients are placed on the list after eligibility for services has been determined by their priority category and date of application.

3-10-2: Vocational Rehabilitation Order of Selection

The Division Director will make a determination prior to the start of each Federal fiscal year or whenever circumstances change during the year whether to implement an Order of Selection for services. If resources are sufficient to accept all individuals determined eligible for services, the Division will not implement the Order of Selection.

If resources are not sufficient to serve all individuals determined eligible, the Director will implement the Order of Selection. Individuals not accepted for services will be placed in a pre-service listing (case status code 04) by their priority category until resources become available. The counselor will provide written notification to all applicants at the time of application of (1) the existing Order of Selection and (2) that restrictions will be imposed on who may be accepted for services. At the time of eligibility determination, the counselor will assign the appropriate highest Order of Selection Category for each individual and provide written notification of the category to the individual. If due to a

change in the client's circumstances it is deemed necessary to change the individual's Order of Selection Category, the counselor will notify the client in writing of the change. The client may appeal the Order of Selection category.

An Order of Selection has no impact on the Division's obligation for case finding and referrals. The Division has a continuing responsibility to make the public and referral sources aware of the services it has to offer individuals with disabilities, especially those with the most significant disabilities. Furthermore, the Division shall ensure its funding arrangement for providing services, including third party arrangements and establishment grants, is consistent with the Order of Selection.

Each individual who is determined to be eligible is assigned a category based on the significance of the individual's disability. Priority is placed on individuals assigned to the categories that represent the Most Significant Disabilities.

<u>PRIORITY CATEGORIES</u>	
Category One	Individuals with the most significant disabilities (MSD) that are seriously limited in four functional capacity areas
Category Two	Individuals with the most significant disabilities (MSD) that are seriously limited in three functional capacity areas
Category Three	Individuals with significant disabilities (SD) that are seriously limited in two functional capacity areas
Category Four	Individuals with a significant disability (SD) that are seriously limited in one functional capacity area
Category Five	Individuals with a non-significant and permanent disability that will need multiple vocational rehabilitation services to attain a suitable employment outcome
Category Six	Any eligible individual that does not qualify for placement in a higher category.

When implementing an Order of Selection, the Division shall:

- Implement it on a statewide basis;
- Notify all eligible individuals in writing of the priority categories and their categorical assignment. Notify all eligible individuals in writing of their right to appeal the decision;
- Continue to provide all needed services to individuals who began

receiving services under an IPE prior to implementing the Order of Selection;

- Continue to serve individuals who are receiving services under an IPE for post employment; and
- Ensure that eligible individuals who are placed on a pre-service list (case status code 04) are provided the following information and referral services:
 - Accurate Vocational Rehabilitation information and guidance (which may include counseling and referral for job placement) to assist them in preparing for, securing, retaining, or regaining employment;
 - Use of appropriate modes of communication to assist them in the referral and guidance process;
 - Referral to other appropriate Federal and State programs, including other components of the statewide workforce investment system best suited to address the specific employment needs of an individual with a disability;
 - Notice that the referral has been made to the agency carrying out the program;
 - Information identifying a specific point of contact within the agency to which the individual is being referred; and
 - Information and advice regarding the most suitable services to assist the individual to prepare for, secure, retain, or regain employment.

When a restricted category is opened for services, the Division will notify individuals in that category in writing that they can now be accepted for services or that they will continue to be on the waiting list until further notice.

[The 1998 Amendments to the Rehabilitation Act of 1973 Section 101(a) (5) (A); 34 CFR 361.36 and 361.37; 10 NCAC 20C .0601-.0607: Eff. 1-2-03]

Section 3-11: Financial Need and Client Resources

3-11-1: Financial Statement

The scope of rehabilitation services available to an individual is determined by the services required by that individual in order to reach the VR or IL goal. All services provided must be directly related to the achievement of the goal established in concert between the client/participant and Rehabilitation Counselor.

For both VR and IL, financial need must be established prior to the planning and provision of any service subject to the financial needs test. The determination of

financial needs is not applicable nor is completion of the Financial Statement necessary for the following services (unless otherwise specified, comparable benefits apply but would be addressed on the IPE, not on the Financial Statement):

- Assessment (regardless of case status)*
- Guidance and counseling (*not subject to comparable benefits*)
- Core Services sponsored by IL (*IL Skills Training only when provided by IL program staff*)
- Consultation and technical assistance provided by Rehabilitation Engineers (*not subject to comparable benefits*)
- Recreation Therapy provided by IL staff
- Referral and collaborative efforts with other agencies
- Community Based Assessment
- Job Related Services (*not subject to comparable benefits*)
 - job development,
 - placement,
 - job retention, follow along
 - in-school work experience/adjustment
- Personal Assistance services sponsored by VR
- Driver's Evaluation
- Foreign Language Interpreter/Translator
- Interpreter Services (*Sign Language and Oral*)
- Reader Services
- Note takers
- Supported Employment Services
- Work Adjustment Job Coaching (*not subject to comparable benefits*)
- Employment Marketing Skills Training (*not subject to comparable benefits*)

***Assessment includes any diagnostic/evaluative services provided:**

- **for the purpose of diagnosing or clarifying impairments (including secondary restoration issues) in applicant status (status 02 for VR, status 52 for IL),**
- **as part of the VR comprehensive assessment (status 10), or IL needs assessment (status 60) for the purpose of determining rehabilitation needs,**
- **in the service delivery statuses for either VR (status 12), or IL (statuses 62, 64, 66) for the purpose of further diagnosing, clarifying, or establishing treatment/rehabilitation needs for a primary/secondary impairment, or inter-current illness**
- **in VR post-employment (status 32), or IL post-outcome (status 82)**

In cases in which the IPE/IPIL consists entirely of services from the above list (not subject to financial need), it would not be necessary to have a completed Financial Statement in the case file. The counselor only addresses the

appropriate financial need category (covered below) on the automated case management system's financial statement screen.

Determination of financial need is required and the Financial Statement must be completed for the following services. Additionally, comparable benefits apply unless specified otherwise.

1. Assistive Devices/Equipment
 - Durable Medical Equipment
 - Training, Placement, IL Equipment
 - Tele-communicative Devices
 - Equipment Repairs
2. Day Care
3. Driver's Training
4. Residence Modifications
5. Purchase of Furniture and Appliances
6. Maintenance
7. Mental Restoration/Psychotherapy
8. Other Goods and Services
9. Personal Assistance Services sponsored by IL
10. Physical Restoration (hearing aids, orthotics, prosthetics, podiatry, visual services, surgical assistants, work hardening, chiropractic services, intercurrent illness, hospitalization treatment only, drugs and medical supplies, dental services, home health, speech therapy, physical therapy, occupational therapy)
11. Recreational and Social Services not provided by IL staff
12. Assistive Technology Services (*not subject to comparable benefits*)
13. Vehicle and Worksite Modifications
14. Services to Family Members
15. Small Business Operations
16. Training (except for work adjustment job coaching, supported employment training, employment marketing skills training, and in-school work experience/adjustment)
17. Tutors
18. Transportation (*unless in conjunction with an assessment service*)
19. Contribution Towards Vehicle Purchase
20. Purchase of Vehicle Insurance
21. Sponsorship of Vehicle Repairs
22. IL Skills Training unless provided by IL program staff members

If services subject to the financial needs test are being provided, the counselor must continuously monitor financial need throughout the rehabilitation process with changes documented appropriately. Check stubs, State and Federal income tax forms and other information must be requested to document income or other financial resources. Counselors are required to request this information routinely when services requiring financial need are being planned or provided.

Copies of the documents used for verification must be in the case record. If the individual does not have tax returns or check stubs, they will complete a verification form signed by their last employer, the individual who supports them, or the agency representative who processes the individual's public support. A letter from the agency, hospital or individual who can verify income status is an acceptable form of verification. Financial Needs Worksheet A should be completed and document the income of all applicable family members. Income documented on Financial Needs Worksheet A can include: wages, SSI/SSDI (for other family members), pensions, commodities sold and other type's income including interest, stock, inheritances, etc. Worksheet B should be completed if tax returns are used to document income. Whenever the financial situation of the individual is unclear, the counselor will consult with the Unit Manager/Facility Director who must approve exceptions.

DETERMINATION OF FINANCIAL NEED CATEGORY: Prior to completion of the IPE or IPIL, one of the following financial need categories must be selected on the automated case management system. Additionally, the following description of the categories provides instructions regarding:

- the sections to be completed on the Financial Statement for each category
- when it is necessary to print the completed Financial Statement for signatures and placement in the case file
- when Unit Manager/Facility Director approval is necessary

A. Yes-Financial Needs Test Met: Financial need is established to receive services subject to the financial needs test. Sections A - E are completed. The DVR 0116 Financial Statement must be printed for signatures and placed in the case record.

B. No-Financial Needs Test is Not Met: The client's excess resources exceed the cost of the rehabilitation program. Sections A-G are completed. The Division will not authorize or sponsor any services subject to the financial needs test. The Financial Statement must be printed, with appropriate signatures and placed in the case record.

C. Not Applicable: Services planned are not subject to meeting the financial needs test. It is not necessary to complete any sections on the form, print the form, or obtain any signatures.

D. SSI/SSDI

- For Vocational Rehabilitation services, SSI/SSDI recipients are exempt from the financial needs test. Verification of the client's eligibility for disability benefits is required. It is not necessary to complete any sections on the form, print the form, or obtain any signatures. In selecting this category, the counselor certifies that the SSI/SSDI

recipient does not have a comparable benefit to apply to the rehabilitation program; otherwise, category 6 must be selected.

- For Independent Living Services, SSI/SSDI recipients are subject to a financial needs test. **This category is not valid for IL.**

E. Extenuating Circumstances: Client has excess resources but meets the financial needs test due to extenuating circumstances. All or part of the excess resource amount is waived. Sections A – G and the Remarks-Extenuating Circumstances-Justification Section are completed. The amount of the client's contribution must be recorded. The Financial Statement must be printed with appropriate signatures and placed in the case record. Unit Manager/Facility Director approval is required.

F. SSI/SSDI Recipient with Comparable Benefits: For VR services, SSI/SSDI recipient has contributions to contribute to the cost of the rehabilitation program. Enter amount of the contribution in section E. It is not necessary to enter any information in the Remarks-Extenuating circumstances section. In the last section enter the amount of the contributions and how they will be utilized. When covered by a comparable benefit, medical coverage amounts (example – Medicaid, Medicare) are not listed as a contribution in section E and costs of the treatment are not listed in the Section G. The comparable benefits counting as contributions for this category will mainly apply to post-secondary training (example – Pell Grant). The Financial Statement must be printed with appropriate signatures and placed in the case record. Unit Manager/Facility Director approval is required. **This category is not valid for IL.**

G. Excess Income Applied: Complete Sections A – G. It is not necessary to enter any comments in the Remarks-Extenuating Circumstances-Justification Section. Enter amount to be contributed and document details of the contribution on the form. The Financial Statement must be printed with appropriate signatures and placed in the case record. Unit Manager/Facility Director approval is required.

RESURVEY REQUIREMENTS: Financial need, once determined, must be continuously monitored throughout the rehabilitation process. A completed Financial Statement must be resurveyed when there is a significant change in the individual's financial status, or when the time period established in Section F has expired. There are two methods for resurveying Financial Need if there is no significant change in income: (1) on the second page of the Financial Statement, or (2) as part of the IPE/IPIL Annual Review. Whether using the second page of the Financial Statement or IPE/IPIL Annual Review, these two options may be used only for the first annual resurvey of the form and if there have been no significant changes in income. However, a new Financial Statement must be documented every two years or whenever an individual's financial resources

change to the degree that financial need is affected. Once a new Financial Statement is completed, the aforementioned options for conducting the initial annual resurvey via the second page of the form, or the IPE/IPIL Annual Review are available under the conditions described above. During the annual resurvey, income must be verified if there are significant changes. When services subject to the Financial Needs Test are added, the cost of the rehabilitation program must be recalculated with the additional cost of services included and excess income applied to the entire cost of the program.

THE FINANCIAL STATEMENT IS COMPLETED IN THE FOLLOWING MANNER:

NAME and VR/IL NUMBER: As noted in the record of service.

EFFECTIVE DATE

DETERMINATION OF FAMILY UNIT AND INCOME:

A client is considered a family of one if:

- A. Client is twenty-three years of age or older (unmarried, not a tax dependent, and has no dependents); OR**
- B. Client is less than twenty-three AND one of the following:**
 - Ward of the court;
 - Emancipated minor;
 - Honorably discharged Veteran of the US Armed Forces
 - Can verify self-supported income and can produce receipts for basic living expenses (to include rent and utilities, medical payments, health insurance premiums, child care expenses, and legally mandated payments) for a minimum of three months.

If the client is married, the client's family shall include:

- A. The client's spouse if residing in the same home;
- B. The client's children, but not to include step-children; AND
- C. Other individuals related to the client by blood, marriage, or adoption **if the other individuals have no income.**

If the client is less than twenty-three years old and is not married, **or** if the client is 23 years of age or older and is being claimed as a dependent by the parents for tax purposes regardless of place of residence, the client's family shall include:

- A. Client's parents, not including step-parents;
- B. Siblings or half-siblings of the client, but not step-siblings, if the siblings are unmarried and less than 23 years of age;

- C. Siblings or half-siblings of the client, but not step-siblings, if the siblings are 23 years of age or older and have no income; AND
- D. Other individuals related to the client by blood, marriage, or adoption if the other individuals have no income.

A. MONTHLY RESOURCES

(A1) NET INCOME OF ALL APPLICABLE FAMILY MEMBERS

Net Wages - Record the name and net monthly (biweekly x 2.17; weekly x 4.33) pay of all members of the family unit. Net income is typically considered for the thirty-day period prior to the date of the Financial Statement. In situations in which income cannot be determined on that basis, the Counselor should calculate a fair representation of net monthly income. Income includes all cash income received from wages, salaries, or self employment. Net income is computed by subtracting **mandatory** deductions from gross wages. Income does not include cash that minor children earn from babysitting, lawn mowing, or other miscellaneous tasks or gifts. Also, do not include Work Adjustment training earnings or work study as income. Check stubs must be requested to document income. If the individual does not have check stubs, the counselor will obtain a **WAGE VERIFICATION FORM** signed by the current or last employer or a **SOURCE OF SUPPORT FORM** completed by the person who supports the individual, or the agency representative who processes the individual's public support. In lieu of this form, a letter from the agency, hospital or individual whom can verify income status is an acceptable form of verification. Tax forms are acceptable if other documents are unavailable.

Pensions (SSDI, SSI, VA, etc.) - Identify and record the total amount of the benefits received by all applicable family unit members. Included in this category are monetary benefits received from public assistance, retirement, and other pension benefits. Others may also apply.

Compensation Payments (Unemployment, Workers' Compensation, etc.) - Identify and record the total amount of the benefits received by all applicable family unit members.

Commodities Sold - Commodities are frequently produced and sold seasonally. The profit (income minus production costs) should be computed on a monthly basis.

Other - Identify and record all other available financial resources. Examples are income from stocks, bonds, savings accounts, investments, rentals, alimony, child support, GI Bill training benefits, sick pay, inheritances, life insurance payments, payments from trust funds, etc. Identify the source of the income and the amount.

NOTE: Student loans are not recorded as income, assets or contributions on the Financial Statement. The use of loans to cover training expenses is a part of the verification and counseling process to make sure that students have sufficient resources from other resources that are not covered by the Division. (Subsection 2-20-1, Postsecondary Training)

SUBTOTAL (A1) - Total lines 1 through 5

(A2) ALLOWED DEDUCTIONS

Identify the recurring deductions and record the amount of monthly payments the family unit is making for any family member for the items or services listed below. If recurring deductions vary in amount from month to month, the average of the past three months will be calculated to determine the monthly allowed deductions. **Deductions must be verified by receipts, bill statements and other information.** Documentation that the expense is actually being paid by a member of the family unit is needed as opposed to a verification of the expense with no evidence of payment. Include only those expenses not covered by a third party payer. Copies of the documents used to verify deductions must be in the record. **If it is not possible to verify deductions, the Unit Manager/Facility Director must approve exceptions to this requirement.**

Medical Expenses – medical expenses, dental expenses, medical supplies, prescription and non-prescription items. Special diets/foods that are related to the individual's disability may be considered. Also included are medical/health insurance premiums, if not already deducted from gross wages. Vision and Dental insurance premiums are allowed; **however, do not deduct optional health insurance premiums including flexible spending accounts, disability, cancer or long term care.**

Equipment Expenses – Examples include disability-related clothing, devices and equipment including necessary maintenance of such devices and equipment.

Personal Assistance Services (PAS) – Examples include domestic, chore, and other attendant-related services required to assist family unit members with activities of daily living and self care needs. Note: If the client will require personal assistance services to achieve independent living or employment outcome, an assessment of the individual's resources will occur. For Independent Living, if the individual meets the financial needs test, the individual's financial contribution toward the costs of the personal assistance services shall be one-half the excess net monthly family income, if applicable. For Vocational Rehabilitation, personal assistance is not subject to the financial needs test. For both programs, comparable benefits must be utilized.

****NOTE FOR IL PERSONAL ASSISTANCE SERVICES (PAS) ONLY:**

Participants for whom the IL Program is contributing or is considering contributing

toward the cost of PAS, the PAS service must not be counted as an allowed deduction/disability-related expense on the part of the participant. See below under Excess Net Monthly Income for further instructions on determining the client's contribution to PAS.

Housing/Vehicle Expenses:

Housing - Payments for additional expenses necessitated by residing in an accessible residence; payments for specialized equipment in the residence. Examples are auditory alarms, specialized ventilation equipment, etc.

Vehicle - Due to the increased costs associated with purchasing and maintaining adapted vehicles, the Division has developed rates for modified automobiles and vans. If the individual owns or is purchasing a modified vehicle, a monthly deduction is granted, based on the information below

<u>COST OF MODIFICATION</u>	<u>AUTOMOBILE</u>	<u>VAN</u>
≤ \$1,000.00	\$10.00	\$149.00
≥ \$1,000.00 but < \$6,000	\$60.00	\$199.00
≥ \$6,000.00	\$90.00	\$229.00

Child Care Expenses - Actual costs not to exceed \$175.00 per month per child may be deducted for any child fourteen years old or younger, provided parents or other responsible adults are unavailable or unable to care for a child in the family unit.

Post secondary Training Expenses - Actual costs not to exceed Division-allowed maximums for tuition, fees, books, and maintenance expenses may be deducted for applicable family unit members. Note: Prorate the amount of training expenses to get a monthly amount to report as deduction.

Legally Mandated Expenses - Alimony, child support or Social Security reimbursements may be deducted if required of any applicable family member. Other legally mandated payments can not be deducted.

Other - Others may also apply.

SUBTOTAL (A2) - This figure represents the total of allowed deductions as determined on the ALLOWED DEDUCTIONS - WORKSHEET.

TOTAL MONTHLY RESOURCES (A1 - A2) = (A) - This figure represents the individual's total monthly resources.

B. ALLOWABLE NET MONTHLY INCOME

The Allowable Net Monthly income amounts for family size one through eight are listed on the form. Add \$363.00 per family member for each over eight. The appropriate amount should be recorded as **TOTAL B** on the form.

C. EXCESS NET MONTHLY INCOME (A) - (B) = (C)

This amount represents the monthly income available from the family unit, which can be applied toward the cost of the rehabilitation program. **TOTAL (C)** represents the excess CASH that can be applied toward the cost of the rehabilitation program.

****NOTE FOR IL PERSONAL SERVICES (PAS) ONLY:** *Participants for whom the IL Program is contributing or is considering contributing toward the cost of PAS, the PAS service must not be counted as an allowed deduction/disability-related expense on the part of the participant. The Counselor computes net income and family unit size to determine excess monthly income. The Counselor exempts ½ of the excess monthly income figure and applies the other half as the portion to be assumed by the participant in the cost of rehabilitation services. The remaining cost of PAS services are sponsored by the IL Program.*

D. AVAILABLE ASSETS

Cash - Includes cash in checking or savings accounts, which exceeds an amount three times the ALLOWABLE NET MONTHLY INCOME (B) for the appropriate family size. Assets may include stocks, bonds, inheritances, lump sum insurance settlements, life insurance proceeds, gifts, or other resources the individual or the individual's family may have readily available to access.

Real Property - Such property is an available asset to the extent it can be converted to cash or used as collateral, in a timely manner, to meet the cost of rehabilitation services. The local county tax office can verify property information. Real property, excluding the individual's home site, will be recorded at the fair market value or purchase price; whichever is less, minus the amount owed for mortgages or liens. Any amount over \$25,000.00 will be recorded as excess resources. If the residence is in a rural area, home site is defined as the house and land on which the residence is located up to a maximum of one-acre including all buildings on the acre. If the residence is in the city, home site is defined as the family unit's principle place of residence, including the house and lot plus all buildings on the lot.

TOTAL (D) represents the amount of AVAILABLE ASSETS that can be applied towards the cost of the rehabilitation program.

E. CONTRIBUTIONS

Record the total amount of scholarships educational grants, community funds, or other resources that the individual has available to contribute to the rehabilitation program. Note: scholarships based on at least 50% academic performance are exempt from being counted as an educational contribution. Contributions need to

be reviewed during the resurvey with changes recorded.

Revised 05-01-02

TOTAL (E) represents the amount of CONTRIBUTIONS available for the family unit.

F. EXCESS RESOURCES

Complete this section when the amount in **(C)**, **(D)**, or **(E)** is greater than \$0.00. The section addressing appropriate time period is the actual length of time for services planned on the rehab program, with three months as the minimum and twelve months is the maximum number of months. For example, restoration services may include the estimated recuperation period, etc., while training services would include the length of the training period.

TOTAL (F) represents the sum of all EXCESS RESOURCES that can be applied toward the cost of the rehabilitation program.

G. ESTIMATED COST OF REHABILITATION PROGRAM

If the amount in **(F)** is greater than \$0.00, the counselor will estimate the cost of the entire rehabilitation program during the time period identified under EXCESS RESOURCES. All services being planned on the rehab program should be recorded along with an estimated cost.

TOTAL G represents the ESTIMATED COST of the rehabilitation program.

If **TOTAL (G)** is less than **TOTAL (F)**, the individual does not meet the criteria for the financial needs test. If **TOTAL (G)** is more than **TOTAL (F)**, the individual does meet the criteria for the financial needs test and the Division may participate in the cost of certain services. The counselor must negotiate the actual amount of Division participation, as all of client's resources must be accounted for in the cost of the rehabilitation program.

REMARKS - EXTENUATING CIRCUMSTANCES – JUSTIFICATION

This section is provided to allow the counselor to identify other information related to the individual's financial situation that will affect the individual's ability to participate in the cost of the rehabilitation program. If there are extenuating circumstances that prohibit the individual's application of part or all the excess resources toward the cost of rehabilitation, the Division may waive all or part of these resources. Such circumstances may include: the inability to sell property, the fact that the amount of funds would be so small that it would provide little substantial financial help toward the cost of rehabilitation program, or the fact that the conversion of the excess resources may result in undue delay in proceeding with the rehabilitation program.

If the individual's monthly resources change during the period of rehabilitation due to an inability to work, this should be recorded in this section. Written approval of the Unit Manager/Facility Director is required for the waiver.

Verification of the particular circumstances must be provided by the individual and must be maintained in the record.

When there are excess resources of any type and financial need is reported as, “**Extenuating Circumstances**”, this indicates that services subject to financial needs testing are planned on the IPE/IPIL and there are extenuating circumstances that justify waiving all or part of the individual’s contribution. Approval of the Unit Manager/Facility Director is required for the waiver. Documentation of the particular circumstances must be provided by the individual and maintained in the record.

The counselor will identify the services for which the client’s resources will be responsible and record the amount the individual is expected to contribute toward the cost of the rehabilitation program. The counselor will record the amount the individual is expected to contribute and towards which service(s).

The counselor and individual must always sign the form once it is completed. The parent, guardian, or other representative must sign the form when appropriate. The Unit Manager/Facility Director is required to sign the form in all cases when there are excess resources, including resources that are due to comparable benefits such as educational grants.

[34 CFR 361.54; 10 NCAC 20C .0205 and .0206: VR State Plan Section 6.12(c)(2); IL State Plan; 34 CFR 364.59]

Revised 07-02-08

H. SIGNATURES

The Financial Statement requires that the individual, or as appropriate, the individual’s parent, guardian, other representative or advocate sign the completed form. The signature indicates that the financial information provided is correct and that the individual and/or the appropriate representative participated in the completion of this financial statement. The original Financial Statement and subsequent annual resurveys require the client or other appropriate signature as specified above.

3-11-2: SSI and SSDI Recipients

Vocational Rehabilitation will not apply a financial needs test or require the financial participation of any individual who receives Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). Verification of these benefits must be documented in the case record. Services provided by Vocational Rehabilitation for these individuals must be directly related to the completion of the Individualized Plan for Employment or trial work experience. VR counselors must explore Social Security work incentives with these individuals as a part of the planning and development of the IPE. Comparable benefits must be utilized when available. Independent Living will apply a financial needs test for all participants requiring cost services regardless of the

source of income. [34 CFR 361.54(b)(3)(ii)]

Revised 08-01-01

3-11-3: Comparable Benefits

The Division will provide rehabilitation services only when such services are not available from some other source as a comparable benefit or service. Comparable benefits are to be investigated and used for all rehabilitation services except those noted in Chapter 2 in this manual. This paragraph contains examples of comparable benefits; others may be available and must be considered. Comparable benefits must be recorded on the IPE/IPIL under the COMPARABLE BENEFITS section. **By marking “none”, the rehabilitation counselor signifies that comparable benefits have been investigated but are not available for the stated service.** Comparable benefits must also be added to the IPE/IPIL whenever new services are added.

[34 CFR 361.53; State Plan Section 6.11; Comparable Benefits: 10 NCAC 20C .0204]

Medicaid

The Division cannot supplant resources available through Medicaid. Therefore, Medicaid eligibility must be verified at the time of application and throughout the rehabilitation process. When appropriate, the counselor should refer the applicant or client to the local DSS for determination of eligibility. Medicaid may continue for SSI recipients who are disabled and earn over the SSI limits if they cannot afford similar medical care and depend on Medicaid in order to work. A threshold test and Medicaid use test will be applied to the individual situation to determine continuation of Medicaid eligibility (1619B).

The Division, regardless of the individual's financial need, cannot authorize Medicaid deductibles. If the client meets financial need but has a deductible and is unable to meet the deductible thus jeopardizing the ultimate rehabilitation goal, the counselor may elect to sponsor the necessary medical services without Medicaid as a comparable benefit. The rationale for sponsoring necessary medical services without utilizing Medicaid is required in the case record. If the counselor determines that the client can meet the deductible, the Division will not contribute toward the cost of the medical services. Individuals who qualify for Medicaid because they are eligible for SSI are not subject to a spend-down.

Medicare

Medicare is an available comparable benefit for those individuals who meet the eligibility requirements for this program.

Health Insurance

Medical and related health insurance should always be used for any service applicable to the benefit. The counselor must assure that the vendor or the client pursues this benefit prior to payment for a rehabilitation service. Insurance paid

directly to the individual must be used to offset Division payments, and the counselor must complete a SUBROGATION RIGHTS-ASSIGNMENT OF REIMBURSEMENT FORM.

Workers' Compensation

If Workers' Compensation benefits are available, such benefits must be used prior to the expenditure of Division funds. If Workers' Compensation eligibility is pending or if there is an undue delay in service provision necessary for rehabilitation, the counselor may authorize services if Subrogation Rights: Assignment of Reimbursement form has been completed. (See section 1-18)

Children's Special Health Services

Individuals 21 years old or younger who require medical and related support services, including equipment needed for medical reasons, should apply for services from this resource. More information can be obtained at <http://www.dhhs.state.nc.us> [See section for children and youth]

Educational Grants

No training services in postsecondary institutions will be sponsored by Division funds unless maximum efforts have been made to secure grant assistance, in whole or in part, from other sources to pay for such training. Awards and scholarships based on merit are excluded as a comparable benefit. (Merit awards or scholarships are defined as awards or scholarships in which at least 50% of the qualifying criteria are based on excellence in academic performance.)

Written evidence (i.e. copy of the application, award/denial letter, etc.) that a client has applied for federal student aid must be included in a client's record of service to document application for comparable benefits prior to the Division's authorization for services. If the client has not provided the Division an award/denial letter from the educational institution prior to the end of the first semester, Vocational Rehabilitation will discontinue financial support until such time this information is provided by the individual. If the client was not eligible for a Pell Grant the first year, the Division will not require the person to reapply unless there has been a significant change in the financial resources of the client or his/her family. The counselor must determine and document if financial resources have changed. If resources have changed, the Division must adjust support if the client receives federal student aid. Pell Grant and/or other federal/state aid (excluding merit awards) must be used for the purchase of tuition and fees, books, supplies, computers, software, assistive technology, room, board, and related training materials in order to demonstrate maximum effort in utilization of comparable benefits prior to using Division funds. The Division cannot designate that financial aid funds be used for in-home maintenance and use Division funds for the above educational expenses.

If a person in a postsecondary institution receives sufficient financial aid to cover

the above listed educational expenses, the Division would not authorize training services until the client's entire financial aid is accounted for toward payments for educationally related needs/costs. The counselor must document in the record the type(s) and costs of services for which financial aid is being used.

[CFR 361.48 (f);]

A student can apply on the Internet for a Free Application for Federal Student Aid at <http://www.fafsa.ed.gov> instead of using a paper form. For more information see the above website or call 1-800-4FED-AID (1-800-433-3243). The on-line process is faster.

If a client is in default of a Title IV loan and denied a PELL Grant, they are not able to access a comparable benefit. Clients who are in default should be advised to clear their default status by making arrangements to repay the loan. The client is required to provide the documentation of at least three months payments to the lender at a rate approved by the institution.

A determination to provide VR assistance can be made on an individual basis only after careful examination of all of the circumstances involving the default status, including the individual's financial situation, consistent with the intent that VR is the last financial resource for training in institutions of higher education. Default status can be cleared if the holder of the loan certifies for the purpose of reinstating Title IV eligibility that the borrower has made satisfactory arrangements to repay the defaulted loan or the loan is discharged in bankruptcy. *[34 CFR 668.35]*

Requirements to use comparable benefits may be waived in the following situations:

- Interrupts or delays the progress of the individual toward achieving the employment or independent living outcome identified in the IPE/IPIL
- Jeopardizes an immediate job placement, or
- Delays in the provision of a service placing the individual at extreme medical risk. (Extreme medical risk means a probability of substantially increasing functional impairment or death if medical services, including mental health services, are not provided expeditiously. This determination shall be based upon medical evidence provided by an appropriate qualified medical professional. The counselor must continue to seek comparable benefits that might be retroactive and replace Division authorizations.)

These exceptions must have Unit Manager/Facility Director approval.

[34 CFR 361.47; NC Administrative Code, Volume II Part B, Subchapter 20C, Sections .0204, .0205, and .0206: State Plan Section 6.3 and Section 6.6]

CHAPTER FOUR: VR COMPREHENSIVE ASSESSMENT

CROSS REFERENCE: Section 6-4 Outcome Prior to Implementation of the IPE-Case Status Code 30; Section 2-23 Vocational Evaluation; Subsection 2-23-3 Community Based Assessment; Section 8-3 Supported Employment Programs; Section 2-20 Training

The comprehensive assessment is conducted either simultaneously with the preliminary assessment or after an individual has been determined eligible for vocational rehabilitation services in case status 10. To the extent possible, the job choice and the nature and scope of rehabilitation services must be determined and the IPE developed based on the data used to complete the preliminary assessment.

Section 4-1: Timeliness of the Comprehensive Assessment

If the comprehensive assessment is completed after eligibility determination in case status 10, it must be carried out in a period of time not to exceed six months. The Counselor may extend the comprehensive assessment beyond six months only when there are unforeseen circumstances beyond the control of the Division that preclude the development of the IPE within that timeframe. The circumstances for the extension should be documented in the case file and may include (but are not limited to):

- Client illness or disability related reasons
- Inability of or delay in the client being able to participate in a timely manner
- Unforeseen delay in obtaining needed comprehensive assessment information
- Additional comprehensive assessment issues needing to be addressed that are crucial to development of the original IPE

Counselors are encouraged to develop the IPE and begin services as soon as possible. Additional required services to satisfy rehabilitation needs may be added at a later date through an amendment. Such is also the case when certain services are known to be needed although their exact initiation date may be uncertain or may come at some future date. In such cases, the counselor should use best judgment in projecting an initiation date. Examples include:

1. Transition students needing VR vocational counseling/career exploration as an immediate planned service on the IPE. In such cases the initial vocational goal would likely be stated in broad general terms. Later, when

- the job goal is more focused and supported with data, the addition of services to help the client reach the goal, such as training, may be added via an IPE amendment.
2. A specific service is needed, but the service is delayed due to scheduling (i.e., training), lack of available vendor(s), a waiting list, or client's need or request to delay the service. The counselor may proceed in developing and initiating the overall plan although the initiation date of the specific service in question is delayed due to any of the circumstances noted above. Again, the counselor would use best judgment in projecting an initiation date.

Section 4-2: Comprehensive Assessment – General Guidelines

A comprehensive assessment may be conducted for individuals if **additional data** are necessary to develop the IPE when impediment information has already been obtained to determine eligibility.

A comprehensive assessment of the individual's primary employment factors (strengths, resources, priorities, concerns, abilities, and capabilities) must be conducted in the most integrated setting possible, consistent with the individual's informed choice. The goal of the comprehensive assessment is to identify a vocational goal as well as to identify services which will support an individual towards achieving a successful employment outcome.

4-2-1: Comprehensive Assessment and Presumption of Eligibility

A comprehensive assessment must be conducted for individuals who receive SSI/SSDI benefits. Presumption of eligibility does not entitle an individual who receives SSI/SSDI to any specific VR service. Data must be obtained to identify impediments to employment and to plan for the development of the IPE. The counselor and individual presumed eligible must be able to identify an employment goal and related rehabilitative services which are consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual. If the counselor and consumer cannot identify and agree to a vocational goal consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, and informed choice OR if the counselor and consumer cannot identify services which will reasonably allow the individual to achieve the identified employment goal, then the IPE cannot be developed, and the case may be closed case status code 30, Outcome Prior to Implementation of the IPE.

4-2-2: Types of Assessment Information and Methods for Determining Rehabilitation Needs

The assessment must be limited to a survey of information that is necessary to identify the rehabilitation needs of an eligible individual and to develop the IPE such as:

1. Existing information, including information that is provided by the individual, the family of the individual, and educational agencies;
2. Personality, interests, interpersonal skills, intelligence and related functional capacities, educational achievements, work experience and behaviors, vocational aptitudes, personal and social adjustment and employment opportunities of the individual;
3. Medical, psychiatric, psychological, and environmental factors that affect the employment and rehabilitation needs of the individual;
4. The need for supported employment services; OR
5. The individual's ability to perform work activity through situational assessments in real work settings.

The comprehensive assessment may be conducted via one or more of the following methods:

1. Review of records;
2. Interview or consultation with individuals or agencies/organizations that are directly involved with the consumer's rehabilitation or in support of the consumer's goal of achieving employment;
3. Vocational evaluations (psychometrics, situational assessments, or facility-based assessments);
4. Community Based Assessments (must be conducted under an Individualized Education Plan, under a Trial Work Plan, or as part of the ongoing comprehensive assessment under an Individualized Plan for Employment);
5. Supplemental Evaluation (limited to individuals who are classified as most significantly disabled and for whom the counselor is questioning or clarifying his/her need for supported employment);
6. Training (to the extent that the service is necessary to achieve the purpose of the assessment); AND/OR
7. Other rehabilitation services used for the purposes described below

Any rehabilitation service may be provided during the comprehensive assessment to the extent that the service is necessary to achieve the purpose of the assessment, i.e., to identify the rehabilitation needs of the individual and to develop an IPE that addresses those needs. Such services, when appropriate, should include assistive devices and services and rehabilitation technology. Financial need and comparable benefits must be considered relative to the service being provided. If the service being provided is a diagnostic service, the

financial needs test is not required during the comprehensive assessment. Comparable benefits must be utilized for services when available.

[The 1998 Amendments to the Rehabilitation Act of 1973 Sec. 7 (22) (B)(i)(ii) (I)(II) and (iii)(iv), (C)(i)(II); 34 CFR 361.42 and 361.45(c)(2)(ii)(D): Eff. 8-98]

Revised 10-09-08

4-2-3: Record of Service Documentation

Documentation in the case record must include appraisal and analysis of the types of information and methods discussed above in 4-2-2. **All data used to complete the comprehensive assessment must be maintained in the record of service.** An analysis of the individual's rehabilitation needs is required and must be completed on the **Written Rehabilitation Analysis Page (WRAP)**. The documentation of the Written Rehabilitation Analysis may be completed as a part of the combined preliminary and comprehensive assessment during applicant status (02) or as a part of the comprehensive assessment after eligibility has been determined in case status 10. The WRAP should not be completed until all comprehensive assessment data has been received.

This analysis must include:

- **Identification of Impairment(s):**
- **Impediments:** *[It is not necessary to re-state impediments identified on the Eligibility Decision Form. However, if presumptive eligibility (#2) was used, the impediments will need to be stated. Additionally, describe any impediments determined since completion of the Eligibility Decision Form or as a result of the comprehensive assessment if status 10 was utilized]*
- **Rehabilitation Needs:**
- **Selection of Service(s) to meet a rehabilitation need:**
- **Rationale for the job choice:**
- **Rationale for post-secondary training to include analysis of transferable skills (if required):**
- **For cases in which it is not apparent that a service selected meets a rehab need directly related to a stated impediment, including a secondary restoration issue, provide a more detailed analysis (if applicable):**

Counselors must document the provision of rehabilitation services, including the individual's informed choice, necessary to complete this assessment. The IPE represents the culmination of the comprehensive assessment by documenting the job choice and the nature and scope of services. The analysis on the WRAP must form the basis for the job choice and services (both Core and support services).

Revised 02-09-09

CHAPTER FIVE: REHABILITATION PROGRAM

Section 5-1: IPE General Information

[Chapter Revised 5-1-99; For VR program reference—1998 Amendments to the Rehabilitation Act of 1973, Section 102 (b) and (c).]

This chapter contains development and content requirements for the Individualized Plan for Employment (IPE) for the VR program.

5-1-1: Options

Prior to completing the IPE, the individual or the individual's representative must be given a copy of the IPE HANDBOOK and the INSTRUCTIONS FOR COMPLETING YOUR INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE). This information explains the individual's options in developing a plan. The counselor must assure that the individual understands the information in the Handbook/Instruction Sheet.

5-1-2: Signatures

The IPE shall be agreed to and signed by the eligible individual, or as appropriate, the individual's parent, guardian, other representative, or advocate. The IPE must also be approved and signed by the counselor. Appropriate signatures in the IPE HANDBOOK will allow the initiation of services, but this does not relieve the client from the responsibility of signing the IPE at the earliest opportunity. The IPE must be prepared using the Division's approved format. Should the eligible individual choose to prepare the plan, a typed version should be attached to the handwritten copy. Once all the required signatures have been secured, a copy shall be given the eligible individual and the plan can be implemented. (See Section 1-13).

5-1-3: IPE Implementation

Once a service planned on the IPE has been initiated, the plan is considered to be *implemented*. The IPE can not be implemented until all required signatures have been acquired on either the IPE Handbook or the IPE. The IPE must ultimately be signed at the earliest opportunity by all required parties even if the signed IPE Handbook is used to implement the plan. Implementation would be defined as the initiation of either a core or support service that is planned on the IPE whether initiated through direct provision by a staff member, direct provision by an outside agency/individual authorized by the Division, or direct provision by an outside agency/individual not authorized by the Division (e.g., a service planned, but provided by a comparable benefit). Service initiation is defined as carrying out those actions required to provide the service. Services which were

provided prior to plan development as part of the preliminary or comprehensive assessment do not qualify as implementation of the IPE. Service initiation may be reflected in the record by progress reviews, annual reviews, IPE Amendments, authorizations for services, case notes, and case referrals. The record shall sufficiently document when and how services have been initiated.

5-1-4: Progress Review

This is a review conducted on a periodic basis to assess and document the individual's progress towards completing the services required to achieve the long-range goal of the plan. This review may occur at any time during the service delivery process as deemed necessary by either the counselor or client/participant. Such reviews should be documented as part of the IPE. Clients are not required to sign the review but should be given an opportunity to participate in the review and are to receive a typed copy of the review. Services may be added to and IPE as part of the progress review

5-1-5: Annual Reviews

These reviews are required at least annually from the date of the original plan or subsequent annual review. Clients/Participants must be given the opportunity to participate in this review and will receive a typed copy. If the individual chooses not to participate, and the annual review is conducted in the absence of the individual, there must be documented evidence in the case record that the participant was informed of and offered the opportunity to participate. Resurvey and documentation of an individual's continued financial eligibility must occur during each annual review (review of Form DVR-0116 as appropriate.)

5-1-6: Amendments

Amendments to the IPE are required at any time when there are substantive changes in the job choice/independent living goals, services to be provided, or the service providers. These changes shall not take effect until the amendment is agreed to and signed by the eligible individual or the individual's representative and the counselor. Copies of all amendments, once appropriately signed, will be given to the individual.

Revised 3-26-09

Section 5-2: Development of the IPE

5-2-1: My Job Choice

This section identifies the specific employment outcome chosen by the individual.

5-2-2: I Expect to Achieve My Job Choice By

An expected date to achieve the job choice should be noted in this section.

5-2-3: Services

Each service required to reach the job choice should be recorded along with an anticipated initiation date of the service and the service provider chosen by the individual. The service provider chosen should be as specific as possible. If the service provider is not known at the time of IPE completion, it should be so noted. As soon as the service provider is ascertained, the IPE should be updated to include this information. Any comparable benefit that is to be used to pay for the service should be listed along with the provider.

5-2-4: Responsibilities

Information describing the responsibilities of both the Division and the individual in meeting the terms and conditions of the IPE should be recorded.

5-2-5: Anticipated Services Following Successful Outcome

Any anticipated post employment services should be included in this section. If none are anticipated, then record as such.

5-2-6: Integrated Setting and Informed Choice

All services, including job placement, must be provided in the most integrated setting appropriate consistent with the individual's informed choice. If not, the rationale must be documented in this section.

5-2-7: IEP/ITP Coordination

Any relevant objectives on the IEP will be included as part of the IPE.

5-2-8: Supported Employment

IPEs or IPE amendments developed for supported employment require the additional following information:

1. Information identifying the extended services needed by the individual,
AND
2. The source of the extended services.

CHAPTER SIX: RECORD OF SERVICE OUTCOMES

Section 6-1: Successful Employment Outcome After IPE Completion-Case Status Code 26

6-1-1: Closure Standards

Individuals whose records are closed in this status must meet all of the following criteria as documented in the case record:

- A. The individual was appropriately determined eligible for services;
- B. The provision of substantial services under the individual's IPE has contributed to the achievement of the employment outcome;
- C. The employment outcome is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice;
- D. The employment outcome is in the most integrated setting possible, consistent with the individual's informed choice;
- E. The individual has maintained the employment outcome for a period of at least ninety days; AND
- F. The individual and the counselor consider the employment outcome to be satisfactory and agree that the individual is performing well on the job.

Definition

SUBSTANTIAL SERVICE: Any CORE vocational rehabilitation service that is provided within a supportive guidance and counseling relationship and that contributes materially to the individual's successful employment outcome. Substantial services are further defined as those services that are required by the individual in order to begin work, to return to work, or to retain employment and that contribute to the successful outcome such that the outcome could not have been achieved without the services. Required services are identified during the analysis of the information that precedes the development of the rehabilitation plan. The services are provided to meet a specific rehabilitation need identified by the client and the counselor. Both the omission of services that are required to achieve the rehabilitation goal and the provision of services that are not required to achieve the job choice do not meet the requirements of Federal regulations.

Records cannot be closed with a successful outcome:

- more than once in the same Federal fiscal year (October 1 – September 30),
- while the individual is enrolled in secondary school,

- if the client is earning less than minimum wage, OR
- in a non-integrated setting.

In addition to the above, individuals whose records are closed successfully rehabilitated in **supported employment** (Job Coach, Mobile Crew, and Entrepreneurial (Microenterprise) Models must meet the following criteria:

- A. The client must be classified as most significantly disabled;
- B. The client must have received at least one supported employment service;
- C. The client must have completed the initial adjustment, training and stabilization phases;
- D. The placement has resulted in employer and client satisfaction;
- E. The client must be receiving at least twice monthly extended services as outlined on the IPE at no expense to VR; AND
- F. The client has worked for 90 days after the end of the stabilization phase.

In addition to the above standards for closures and supported employment closures, individuals whose records are closed successfully rehabilitated in **transitional employment** must meet the following criteria:

- A. The individual has a chronic mental illness;
- B. The individual was served under a written agreement between the clubhouse and the Division ensuring continuous transitional employment services until job permanency is achieved;
- C. Transitional employment has been determined to be the most appropriate vocational outcome and services have been provided and objectives met as specified in the IPE; AND
- D. At a minimum, the client has worked in transitional employment continuously for 60 consecutive days; the training phase (Level 3) services has been completed; and the individual has worked for 90 days following the initiation of extended services (Level 4).

[34 CFR 361.56]

6-1-2: Client Notification

The client must be involved in the decision to close the record. Each client must be made aware of the availability of post employment services and how to apply. A copy of the closure document will be given to the client.

6-1-3: Record of Service Documentation

Using *Form DVR-0503C, IPE Successful Employment Outcome*, the following information shall be documented:

- A. The date the client was determined eligible for VR services. This date

- should be the same as the date on *Form DVR-0502, Eligibility Decision*.
- B. List or narratively describe the services provided by or coordinated by the Division. Services may be identified in broad categories such as restoration or specifically such as medication, hospitalization, etc., whichever is more easily understood by the client. This documentation should reflect the impact that the VR services have had on the employment outcome.
 - C. Identify the closure job title. In rare instances, it is permissible to amend the IPE at the time of closure utilizing the amendment format. If amended at closure the rationale for the suitability of employment must be addressed in the counselor comments section. The client's signature is required.
 - D. The name of the employer must be recorded. If the individual is self-employed, the name under which the client is conducting the business must be recorded.
 - E. Enter the date the client first reported to work with the closure employer. The date must be at least ninety days prior to closure.
 - F. Post employment services must be reassessed prior to record of service closure. Potential services must be recorded or none indicated.
 - G. The address and telephone number of the appropriate office should be recorded.

The client is to receive a copy of the *DVR-0503C*.

[34 CFR 361.34, 361.47, 361.56; Eff. 7/1/98]

Section 6-2: Outcomes in Case Status Codes 08, 28, 30, and 38

Case record closures in these statuses may occur for reasons of ineligibility or for reasons other than ineligibility. Closures for reasons of ineligibility include:

- A. no disabling condition,
- B. no impediments to employment,
- C. disability too significant for VR services, AND
- D. does not require VR services.

Regardless of where the client is in the rehabilitation process at closure or from which case status code the client is closed, there are common requirements regarding these records of service closures. These include:

- A. If the client is determined ineligible, a *Form DVR-0501, Ineligibility Decision* is always required.
- B. If an individual's record is closed because the client is subsequently determined to be ineligible, an amendment to the IPE must be completed and signed by the client.
- C. If an individual's record is closed because the client is subsequently

- determined to be ineligible, an annual review of this decision is required. The individual is given the opportunity for full consultation in the reconsideration of the decision unless the individual refuses the review, is no longer present in the State, has unknown whereabouts, or has a medical condition that is rapidly progressive or terminal. The Division is responsible for initiating the first review while any subsequent reviews are undertaken at the request of the individual. (See subsection 1-2-5)
- D. If an individual's record is closed for reasons other than ineligibility, an amendment to the IPE is not required. However, the client must be given an opportunity to be involved in the decision and receive a copy of the closure document.
 - E. If *Form DVR-0502, Eligibility Decision* has been issued and there is not yet an IPE developed (case status code 04 or 10), and the client is subsequently determined ineligible, then an *Ineligibility Decision* is required.
 - F. When an individual's record is closed due to ineligibility, the individual must be provided with a thorough explanation of the Client Assistance Program (CAP) along with other rights and potential remedies regarding the decision including the opportunity for a review of the determination through an administrative review and/or an appeals hearing.
 - G. When an individual's record is closed due to significance of the disability, a referral to the IL program for possible services should be considered, when appropriate.

Section 6-3: Outcome During Preliminary Assessment-Case Status Code 08 from Case Status Code 02

6-3-1: Closure Standards

An individual's record cannot be closed from applicant status as ineligible due to the significance of the disability without first participating in a trial work experience or extended evaluation (See section 3-3). Other applicable ineligibility reasons are no disabling condition, no vocational impediments, and does not require VR services. Other closure reasons not representing ineligibility can be used, as appropriate.

6-3-2: Client Notification

The individual must be given the opportunity to participate in the closure decision unless the individual is no longer in the state or whereabouts are unknown.

6-3-3: Record of Service Documentation

The record must contain documentation of the reason for closure. This documentation should be on the *Form DVR-0202, 08/30 Outcome Decision* with

a copy to the individual stating the reason(s) for closure. The record must also contain evidence of repeated efforts to contact the individual to encourage the individual's participation. If the record is closed due to an individual's ineligibility, *Form DVR-0501, Ineligibility Decision* must be issued indicating the reason for the ineligibility determination along with the counselor's rationale for the decision. A copy of the *Ineligibility Decision* will be given to the individual. The reason for the ineligibility decision will be recorded on the form.

[The 1992 Amendments to the Rehabilitation Act of 1973 Section (a); 34 CFR 361.43, 34 CFR 361.44 and 361.47]

Section 6-4: Outcome Prior to Implementation of the IPE-Case Status Code 30

6-4-1: Closure Standards

Clients whose records are closed in this status will have been declared eligible for services and may or may not have an IPE developed, but the IPE has not been implemented. Once all required signatures are recorded on the IPE and at least one service planned on the IPE has been provided, then the IPE is considered implemented, and case status code 30 is not appropriate. Services provided prior to plan development as part of the preliminary or comprehensive assessment do not represent plan implementation. Closure may occur due to ineligibility resulting from a change in the severity of the individual's disability or due to reasons other than ineligibility.

6-4-2: Client Notification

The individual must be given the opportunity to participate in the closure decision unless the individual is no longer in the State or whereabouts are unknown or if the medical condition is rapidly progressive or terminal. Additionally, the counselor must provide information regarding appeal rights and the means to seek remedy for any dissatisfaction, including the procedures related to the review of the ineligibility decision. A detailed explanation of the CAP should also be provided along with a referral to the IL program, when appropriate. The client shall receive a copy of the closure summary document.

6-4-3: Record of Service Documentation

The case record must contain documentation indicating the reason(s) the case is being closed. Since the IPE has not been implemented, documentation shall be on *Form DVR-0202, 08/30 Outcome Decision* indicating why the record is being closed with a copy given to the client.

If the record is closed due to ineligibility, then *Form DVR-0501, Ineligibility*

Decision is prepared and given to the client with the rationale for the ineligibility decision documented on the *Ineligibility Decision*.

Section 6-5: Closure After Implementation of the IPE-Case Status Code 28

6-5-1: Closure Standards

Individuals whose cases are closed in this status will have been determined eligible for services and have an IPE implemented. Closure may occur due to ineligibility resulting from a change in the significance of the individual's disability or due to reasons other than ineligibility.

6-5-2: Client Notification

The individual must be given the opportunity to participate in the closure decision unless the individual is no longer in the state or whereabouts are unknown or if the medical condition is rapidly progressive or terminal. Additionally, the counselor must provide information regarding appeal rights and the means to seek remedy for any dissatisfaction, including the procedures related to the review of the ineligibility decision. A detailed explanation of the CAP should also be provided along with a referral to the IL program, when appropriate. The client will receive a copy of the outcome document.

6-5-3: Record of Service Documentation

Since the IPE has been implemented, regardless of the reason for the closure, documentation indicating why the record is being closed will be recorded on *Form DVR-0503D*, *IPE Statement of Closure* with a copy given to the client. This documentation should also include a list of other agencies to which the client has been referred including, when appropriate, the IL program. If the record is closed due to ineligibility, *Form DVR-0503, Amendment to the IPE*, to delete planned services which have not been provided is required and must be signed by the client. *Form DVR-0501, Ineligibility Decision* addressing the rationale for the decision is also prepared and given to the client.

Section 6-6: Outcomes from Pre-Service Listing-Case Status Code 38

6-6-1: Closure Standards

Individuals closed in this status will have been determined eligible for services but not accepted for services due to ineligibility or reasons other than ineligibility after implementation of the order of selection for services.

6-6-2: Client Notification

The individual must be given the opportunity to participate in the closure decision unless the individual is no longer in the state or whereabouts are unknown or if the medical condition is rapidly progressive or terminal. Additionally, the counselor must provide information regarding appeal rights and the means to seek remedy for any dissatisfaction, including the procedures related to the review of the ineligibility decision. A detailed explanation of the CAP should also be provided along with a referral to the IL program, when appropriate. The client will receive a copy of the closure summary document.

6-6-3: Record of Service Documentation

The case record must contain documentation indicating the reason(s) the case is being closed. Such documentation will be in the form of a letter to the client. If closed due to ineligibility, then *Form DVR-0501, Ineligibility Decision* is also prepared and given to the client. The rationale for the ineligibility decision is to be documented on the form.

CHAPTER SEVEN: POST EMPLOYMENT SERVICES

Section 7-1: Post Employment Services – Case Status Code 32

Post employment services may be provided to those individuals who meet the following criteria:

1. The individual successfully completed a rehabilitation program and the case record was closed in case status code 26; and
2. The individual is in need of rehabilitation services to maintain, regain, obtain, or advance in employment.

Services provided to individuals in this phase of the rehabilitation process are not designed to resolve a vast array of complex objectives and are subject to the same financial need requirements and comparable benefits as noted in Section 3-11. Services which are designed to support other services such as transportation, maintenance, and personal care can only be provided in support of and in conjunction with other services. Such services cannot be provided to support employment since employment is the goal and not a service. The need for post closure services is assessed at the time the IPE is developed and reassessed at the time the case is closed when the client has achieved a successful employment outcome.

Although time and expenditure limitations are not permitted, counselors should be aware of and consider the extent of services needed and whether such services are part of the original or amended IPE. Circumstances which are new or different enough to warrant a new eligibility determination and IPE should not be resolved through post employment services. If the record has been purged and destroyed, then a new eligibility determination and IPE is required.

7-1-1: Procedure to Enter Post Employment Services

At the time it is determined that post employment services are required, the Counselor should complete an amendment to the IPE listing the services required in post employment. Once all the required signatures have been secured services may be implemented. The client should be placed in status 32, Post-Employment Services.

7-1-2: IPE for Post Employment Services

Using the appropriate IPE format, the IPE for post employment services is developed, reviewed and documented in the same manner as described in Chapter 5. The counselor and client should jointly develop a time frame when the goal of job stability is expected to be achieved. The record of service should be maintained as any other active record.

7-1-3: Procedure to Exit Post Employment Services

When the IPE post employment goal has been achieved, the IPE will be closed using the appropriate IPE format. This closure does not result in a successful employment outcome and the record of service cannot be closed unsuccessfully. The closure information should be entered into the automated case management system.

[34 CFR 361.39, 361.41, 361.42, 361.43, and 361.47; 10 NCAC 20C.0313]

CHAPTER EIGHT: COMMUNITY REHABILITATION PROGRAMS

Section 8-1: Absences

Absences exceeding three (3) days during a monthly period must be reported at the time of occurrence by the Community Rehabilitation Program (CRP) and should be reviewed by the counselor to determine if continued sponsorship is appropriate. Also, if at any time, absences in excess of 30 days are projected, the counselor should complete an online authorization terminating the client. A new authorization should be entered on-line upon reentry. Counselors should encourage clients to attend on a regular basis and to keep absences at a minimum

Section 8-2: Adult Developmental Vocational Program (ADVP)

Persons who are determined to be ineligible for VR due to the significance of the disability but who require a community rehabilitation program (CRP) may be referred to ADVP. These clients must have completed a trial work experience or extended evaluation if they are being determined ineligible due to significance of the disability from applicant status. The individual must be removed from active and placed in case status code 08 from 02, 28, or 30 unless the client enters a Division-approved supported employment program thus becoming a client of both Mental Health and VR at the same time. Annual reviews of individuals enrolled in ADVP will occur when an appropriate referral is made from that program.

Revised 02-25-03

8-2-1: Referral From VR To ADVP

1. The client must be diagnosed mentally retarded or significantly physically disabled.
2. The client must be at least 16 years of age.
3. The earning capacity of the individual must be severely impaired.
4. The vocational potential of the individual cannot be evaluated, determined, or achieved due to limited personal and social skills (as determined through a trial work experience).
5. The individual may be eligible for SE services.

The referral to ADVP must be in writing to the ADVP coordinator and the Area Developmental Disability Specialist and the reasons for referral must be addressed.

8-2-2: Referral from ADVP to VR

Written documentation should be provided to the Division of Vocational Rehabilitation Services (DVRS) counselor at the time of referral. Required evidence of vocational potential must be requested, via the following methods:

1. Formal staffing
2. A written progress report which illustrates, at a minimum, the following:
 - Production records that show improved productivity
 - Work habits – improved attendance, punctuality
 - Social skills – illustrated by recorded behavior observations
 - Work tolerance – how has work tolerance improved
 - Other vocationally related information.

Generally, the counselor is looking for improvement in the above stated areas that positively impacts the individual's vocational potential.

Revised 02-25-03

8-2-3: Supported Employment For ADVP Clients

The Division will contract with CRPs for SE when there is an agreement to provide continued ongoing support (extended services) required to keep clients in SE. Extended services will begin when the client enters the employment phase of the supported employment program as determined when the client's primary activity in the program is work rather than training.

[34 CFR, 363.6 (b) (2)(IV)]

Revised 02-25-03

Section 8-3: Supported Employment Programs

8-3-1: Individual Authorization Payment System

Authorizations must be issued separately by one of two categories, supplemental evaluation/job development or intensive training. Authorization must be individualized according to the client's needs rather than the maximum number of hours allowable. When exceeding the maximum number of hours, the SE vendor must submit a written request to the counselor with specific reasons for the extension along with suggested time frames for completing the service. Authorizations should not exceed the maximum hours noted below without specific case documentation and Unit Manager/Facility Director approval. All

rates for authorization supported employment vendors can be found in Volume V.

1. SUPPLEMENTAL EVALUATION SERVICES SPECIFIC TO SUPPORTED EMPLOYMENT - Although not required for every client, this evaluation is conducted when additional information specific to the success of supported employment services is needed. Authorizations should not exceed eighty-five (85) hours for supplemental evaluation and job development combined. Situational assessment at a competitive job site or job sampling are examples of supplemental evaluation techniques. The following are examples of concerns that may indicate the need for a supplemental evaluation:
 - The most suitable SE placement
 - Needed on-going support services including the need for rehabilitation technology
 - A reassessment of the suitability of a job placement or a change in the individual's medical condition
2. JOB DEVELOPMENT AND PLACEMENT - This includes time spent developing job-training site locations contacting potential employers or time spent with clients during the interview process. Authorizations should not exceed eighty-five (85) hours for supplemental evaluation and job development combined. The authorizations and case service invoices must be processed as follows to insure accuracy in reporting services provided and payment for the services.
3. TIME LIMITED, INTENSIVE TRAINING PHASE - This includes preparation at the job site, client program development, on-the-job training, employment advocacy time, non-employment advocacy time, and community resource training. Authorizations should not exceed two hundred and fifty (250) hours and in no more than one hundred (100) hour increments.

AUTHORIZATIONS

- Initial Authorization: The initial authorization for Supplemental Evaluation and/or Job Development and Placement Services must be deleted when Intensive Training begins.
- New Authorization: If Supplemental Evaluation, Job Development and Placement Services are provided again after the Intensive Training phase begins, a new authorization for Job Development and Placement Services must be issued. Any remaining hours on the intensive training authorization should be deleted.
- Placement: The date of placement is the first day of paid employment.
- End Date: The date the client terminates from SE services. (end of stabilization-extended services begin)

Once the individual is employed and receiving extended services, the authorization for SE services must be deleted.

CASE SERVICE INVOICES

To authorize SE services and to track services through the new SEATS appropriate Case Service Codes (CS) must be utilized as follows: These codes and definitions are noted on back of the SE Intervention Time Sheet.

Supplemental Evaluation

- Check category 10- Evaluation
- CS code D-38

Job Development/ Job Placement

- Check category 10- Other
- CS Code P-38

SE Placement Date (item # 18)

- This is the date the client starts intensive training. The SE Placement Date in item 18 must be recorded in the mm/dd/yyyy eight-digit format. The invoice must be accompanied by an intervention time sheet indicating actual hours of services for that specific authorization.
- The date of placement must be entered on the case service invoice and the intervention time sheet.

Employee or Non Employee Advocacy Time-Client Program Dev.- CRT Training

- Check category 10 SE Intensive Training
- CS code T-66

Intensive Training

- Check category 10 SE Intensive Training
- CS code T-38 on site with client
- CS code T-66 without client

SE Termination Date (item # 19)

- This is the date the client ends stabilization and starts long term follow along services. In item #19 you must enter the date of termination from SE services (end of stabilization and extended services begin).
- This date of termination must be entered on the case service invoice and the intervention time sheet.

INTERVENTION TIME SHEET: The Intervention Time Sheet is the supporting document for case service invoices. All allowable billable hours, date of placement (when it occurs) and the date of termination of SE services from the program must be documented on the Intervention Time Sheet. The sheet must be attached to the invoice in order of the invoice to be processed for payment.

Revised 07-11-03

8-3-2: Outcome-Based Performance Payment System

SE services through an Outcome-Based Program (OBP) are authorized through the online system. To initiate or extend services, the counselor must complete an on-line authorization including, the CRP number, attendance code, service being authorized, beginning date, projected termination date (not to exceed 6 months), counselor code, and caseload code. When a client terminates from the program, the counselor must complete an on-line authorization including, the termination date and appropriate termination code.

The counselor will check supplemental evaluation and/or job development or intensive training. Payments to the CRP will only be made at the time of the major benefit (stabilization) and payable employment outcomes.

Payable Major Benefits Stabilization Outcomes will be issued only for terminations coded 01 (terminated in employment), employment meets SE criteria and employment continues with appropriate extended services being provided.

Payable Employment Outcomes (status closure code 26) will only be issued when the client has completed services identified on the IPE, to the extent possible and the client has been employed for a minimum of ninety (90) days. The CRP will receive a payment for successful outcome if the client was terminated with a payable major benefit outcome and the employment outcome was achieved within twelve (12) months after the payable major benefit outcome occurred.

- *Duplicate termination from the CRP, including Major Benefit Outcomes, can be issued on any individual client (unique VR number).*
- Only one successful employment outcome (status closure code 26) can be achieved on any client (unique VR number) during the same Fiscal Year.

Revised 02-25-03

Section 8-4: Vocational Evaluation, Work Adjustment/Work Adjustment Job Coaching Programs

8-4-1: Individual Authorization Payment System

An authorization must be issued separately by one of two categories (evaluation or work adjustment training/adjustment job coaching). All authorizations must be individualized according to the client's needs. Authorizations are done in

hours/days at a rate determined for the CRP.

- Vocational Evaluation Authorizations are not to exceed thirty (30) days.
- Work Adjustment Authorizations are not to exceed one hundred and eighty (180) days.
 1. Financial participation in Work Adjustment Training by the client must be based on the financial needs criteria and determined prior to referral to the Community Rehabilitation Program. The application of excess income to the rehabilitation program must be determined and documented on the DVR-0116. As in all other cases, excess income may be applied to all services included in the estimated cost of the Rehabilitation Program. The amount the client is to contribute to the cost of Work Adjustment Training must be noted on the authorization. The client's contribution is based on the hourly rate for work adjustment. For example, if a client's total contribution is to be \$500.00, it should be noted on the first month's authorization reducing the total amount authorized by \$500.00 based on resources available to the client prior to entering the program. Vocational Rehabilitation will not prorate the amount on authorizations as this might lead to a misunderstanding as to whether the amount is being deducted monthly from the client's salary. The collection of the client's payment for Work Adjustment Training, shall be determined by the Community Rehabilitation Program.
- Work Adjustment Job Coaching Authorizations are not to exceed twenty (20) days (schedule workdays) or one hundred and sixty (160) hours (scheduled work hours).

To exceed the above hours/days requires the Unit Manager's signature and approval.

Revised 02-25-03

8-4-2: Outcome-Based Payment System

Vocational evaluation and work adjustment including, work adjustment job coaching are authorized through the on-line system. To initiate or extend services, the counselor must complete an on-line authorization including, CRP number, attendance code, service being authorized, begin date, projected termination date (not to exceed 6 months-180 days), counselor code, and caseload code. The "Partial Needs Amount" and Non-Needs Amount" columns should also be completed as appropriate.

The amount the client is expected to contribute to the Work Adjustment Training program must be forwarded to Fiscal Services in the state office to determine the Divisions payment for work adjustment training.

Financial participation in Work Adjustment Training by the client must be based on the financial needs criteria and determined prior to referral to the Community Rehabilitation Program.

- If the client does not meet the financial needs criteria and “Non-Needs” is indicated in the on-line authorization, the client will be expected to contribute the total amount of the fixed rate for WAT as determined for the program they are attending. In addition to costs of work adjustment training the client will pay for transportation and other expenses associated with the Rehabilitation Program.
- If the individual has excess income that will be contributed to the cost of the rehabilitation program, “Partial Needs Amount” must be indicated with the online authorization. The excess income could be contributed towards any part of the rehabilitation program, transportation or work adjustment training.
- If neither “Partial Needs Amount” nor “Non-Needs Amount” is indicated with the on-line authorization, the Division will pay the entire amount of the fixed rate for the individual WAT program and no contribution is required from the client.

NOTE: The Counselor may consult with the Unit Manager or Regional CRP Specialist for the rate of the maximum client contribution for Work Adjustment Training at each CRP.

When a client terminates from the program, the counselor must complete an on-line authorization including, the termination date and appropriate termination code. Payable outcomes are made for Major Benefits (01, 03, 04, 05) and successful employment outcomes (26 closure) at the rate determined for the CRP. For the CRP to receive a major benefit, the client must have completed services identified on the work adjustment goal plan/work adjustment job coach plan in so much as possible.

Payable Major Benefit Outcomes (Termination Codes 01, 03, 04, 05)

01 – Placed, Competitive Employment

03 – Left Program for On-Job-Training

04 – Left Program for Other Training - Academic or Vocational (Not used for clients transferring to another program or returning to high school.)

05 – Left Program Ready for Employment

Payable Employment Outcomes (status closure code 26) will only be issued when the client has completed services identified on the IPE to the extent possible. The client has been employed for a minimal of ninety (90) days and the client and counselor agree that a successful employment outcome has been

achieved. The CRP will receive a payment for the successful outcome if the client was terminated with a payable major benefit outcome and the employment outcome was achieved within twelve (12) months after the payable major benefit outcome occurred.

- *Duplicate termination from the CRP, including Major Benefit Outcomes, can be issued on any individual client (unique VR number)*
- *Only one successful employment outcome (status closure code 26) can be achieved on any client (unique VR number) during same fiscal year.*

Revised 02-25-03

Section 8-5: Program Utilization Report

Program Utilization Report (PUR) is the information collection and reporting system by which an outcome-based program (OBP), Community Rehabilitation Program (CRP) or Supported Employment Program (SEP) provides information and invoice's the Division for services provided. CRPs use the PUR while SEPs use the Supported Employment Utilization Report (SUR). Programs that have entered into an OBP Client Services and Reimbursement Agreement with the Division should complete the report on the last working day of the month and send an electronic authorization on the on-line system. The CRP will send the PUR/SUR to the unit office liaison counselor by the fifth working day of the month. The program liaison counselor is responsible for verifying accuracy of the report, approving the report, and assuring that the report is forwarded to the State office by the seventh day of the month. The Unit Manager/Facility Director is responsible for the role of the liaison counselor when such counselor is not available. The Unit Manager/Facility Director is responsible for designating counselors who will function as the CRP and SEP liaison counselors for each program in their unit office coverage area. Written notification of such designation or change in such designation should be forwarded to the Regional Director, Regional CRP Specialist, State CRP Specialist, and the CRP/SEP.

Revised 02-25-03

Liaison Counselor Responsibilities

1. Ensuring that there is VR participation in the CRP or SEP service delivery process. In order to be in compliance with Division standards, a counselor must be present at all regularly scheduled client staffings. Although, the CRP or SEP has the responsibility for scheduling such staffings, the liaison counselor is responsible for participating in staffings, if the counselor of record cannot attend. The liaison counselor may assist in

scheduling convenient staffings.

2. Ensuring that the CRP or SEP submits written reports within time frames described in the Client Services and Reimbursement Agreement.
3. Coordinating services for counselors who are stationed in another county or region. Liaison counselors must attend staffings and forward appropriate reports to the respective counselor of record.
4. Maintaining a good working knowledge of Division forms and the Client Services and Reimbursement Agreement.
5. Verifying establishment and construction project activities by means of the Project Activities Report. Ensure Division purchased equipment is appropriately identified with a decal.
6. Assisting CRPs and SEPs with their utilization reports and forwarding the completed report to the appropriate state office staff.
7. Reporting problems as necessary to the Unit Manager/Facility Director. The Unit Manager/Facility Director should, in turn, report such problems to the regional CRP specialist.
8. Wage and hour consultation – the liaison counselor should have up-to-date information related to wage and hour regulations as they relate to CRPs. Assistance may be provided by the Regional CRP Specialist.
9. Participating in meetings and reviews with the CRP or SEP and VR staff. Semiannual meetings are required under the agreement.

APPENDIX

Appendix entries are alphabetized by topic heading.

Attention-Deficit/Hyperactivity Disorder (ADD/ADHD)

ADD/ADHD is a developmental disability with a history of childhood onset that typically results in a chronic and pervasive pattern of impairments in school, social and/or work domains and often in daily adaptive functioning as defined in the DSM-IV.

Diagnosis of ADD/ADHD must be made by psychologists, psychiatrists or neuropsychologists and reports have shelf life of three years.

IMPAIRMENT

Documentation of ADD/ADHD as an impairment must include the following components:

History

- Onset
- Pervasiveness
- Severity
- Previous/current treatment and response to treatment

Educational/Psychological Assessment

- Aptitudes
- Achievement
- Information Processing

Rule Out Presence of Co-morbid Conditions

While information from the school and medical sources should be included as a component of the assessment, this diagnosis must be based on DSM-IV criteria. Evaluation and diagnosis by a licensed psychologist or psychiatrist is required to establish the existence of mental, emotional or substance abuse impairments. (See Subsection 3-5-2.)

SUBSTANTIAL IMPEDIMENT

Emphasis should be on the identification of the impediments to employment caused or created by the impairment.

Severity of symptoms is such that ongoing treatment is recommended and, as a result of the impairment, at least one of the following is present:

- Accommodations required to maintain suitable employment
- Inability to maintain suitable employment
- Poor school attendance, tardiness or inability to follow a schedule and meet deadlines
- School discipline issues due to poor problem solving
- Inability to anticipate consequence of behavior and actions
- Poor interpersonal skills due to lack of social judgment

Auxiliary Aids & Services

A public accommodation is required to provide auxiliary aids and services necessary to ensure equal access to the goods, services, facilities, privileges, or accommodations that it offers, unless an undue burden or fundamental alteration would result. A fundamental alteration is a modification that is so significant that it alters the essential nature of the goods, services, facilities, privileges, advantages, or accommodations offered.

This obligation extends only to individuals with disabilities who have physical or mental (impairments) disabilities, such as vision, hearing, or speech (impairments), that substantially limit the ability to communicate. Measures taken to accommodate individuals with other types of disabilities are covered by other title III requirements such as “reasonable modifications” and “alternatives to barrier removal”.

Auxiliary aids and services include a wide range of services and devices that promote effective communication. According to the Americans with Disabilities Act of 1990, Titles I and V, auxiliary aids and services includes:

- Qualified interpreters or other effective methods of making aurally delivered materials available to individuals with hearing (impairments) disabilities
- Note takers
- Computer-aided transcription services
- Telephone handset amplifiers
- Assistive listening devices and systems
- Telephones compatible with hearing aids
- Closed caption decoders
- Open and closed captioning
- Telecommunication devices for deaf persons (TDD);
- Videotext displays
- Exchange of written notes
- Qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual (impairments) disabilities;
- Brailled materials
- Large print materials
- Computer terminals, speech synthesizers, and communication boards available to individuals with speech (impairments) disabilities
- Acquisition or modification of equipment or devices
- Other similar services and actions

Blind & Visually Impaired

NC DVRS will refer to the Division of Services for the Blind (DSB) the following individuals:

- All persons having 20/200 or worse vision in the better eye with best correction.
- All persons having between 20/100 and 20/200 in the better eye with best correction if the person has been unable to adjust to the loss of vision or if it is felt the individual needs the specialized services of DSB.
- All persons having night blindness, limited field of vision, or a rapidly progressive condition which in the opinion of a qualified eye specialist will reduce vision to 20/200 or less.

NC DVRS may accept individuals noted below as having an impairment:

- Persons having between 20/100 and 20/200 in the better eye with best correction if the individual has adjusted to the loss of vision and functions as a sighted person.
- Persons having between 20/60 and 20/100 in the better eye with best correction.
- Persons who have no vision in one eye with better than 20/100 with best correction in the other eye.
- Persons with a loss of vision with best correction of 25 % or more. Individuals with vision in one eye only are automatically classified as having a 25% loss of vision. Individuals without binocular vision or depth perception are classified as having useful vision in one eye only.

Borderline Intellectual Functioning

This impairment is diagnosed when there are deficits in adaptive behavior associated with an FSIQ measured in the range of 71-84. The adaptive behavior deficits must be identified by the psychologist, teacher, or the individual's family and must be stated or referenced in the psychological report. The psychologist may require such preliminary information about suspected or known behaviors prior to testing in order to establish the diagnosis. It is extremely unlikely that this impairment will ever be coded as SD.

Caramore Community, INC.

Caramore Community is a 24 hour coordinated program of residential, prevocational, and work adjustment services for adults 18 and over who have severe and persistent mental illness. Treatment is provided through the local mental health center, UNC-Hospitals or private providers as participants choose. Applicants for this program are required to participate in a 5-day, 4-night on-site visit. Neither the Division nor the client will be mailed for this assessment; however, there is a \$28.00 cost to the client to cover food and bus pass expenses during the visit. Applications are available from:

Admissions Coordinator
Caramore Community, Inc.
550 Smith Level Road
Carrboro, N.C. 27510
(919) 967-3402

Individuals considering applying for Caramore must have a baseline of skills and experiences as indicated below. Exceptions to these will be considered in terms of the overall functional level of the applicant:

- Must have a diagnosis of mental illness but be currently free of acutely psychotic symptoms.
- Must demonstrate compliance with taking prescribed medications.
- Must have a minimum of six months clean time if there is a history of substance abuse/addiction.
- Must have demonstrated ability to control use of drugs/alcohol when medicated.
- Must demonstrate potential and motivation for competitive employment and community living.
- Must demonstrate desire to participate in Caramore program on a voluntary basis.
- Must be free of significant, repeated history of violence.
- Must be able to participate in work adjustment activities for 30 hours a week.
- Must be able to tell time and count money.
- Must be able to process verbal and written instructions.
- Must be able to ride a municipal bus without supervision after training.
- Must be able to perform basic household chores with supervision.
- Must be able to conceptualize plans and goals, including vocational goals.
- Must demonstrate tolerance and ability to recognize others needs as will be required to function in a group living environment.

PROCEDURE

Any individuals requesting application for Vocational Rehabilitation services for support of Caramore program should be given an application for Caramore and directed to apply.

Applications for Vocational Rehabilitation for individuals applying to Caramore will be handled by the Chapel Hill Unit at the time of the admission visit. Individuals already being served by Vocational Rehabilitation who desire to apply should be given an application for Caramore to do so. If accepted, cases will be transferred to Douglas Miller in the Chapel Hill Unit. **Individualized Plans for Employment Plans or Amendments and Progress Reviews to cover services at Caramore will be written by Douglas Miller when he receives the case at the time of admission.** Any questions should be directed to Mr. Miller at (919) 408-0428. The case will remain in Chapel Hill as long as the participant is a resident of Orange County. Should the participant leave Orange County, the case will be transferred to an appropriate counselor according to standard procedure.

Chronic Fatigue Syndrome (CFS)

As a chronic condition, CFS represents an impairment which, on an individual basis, may result in substantial impediments to employment. An individual whose fatigue symptoms are not diagnosed as CFS may be determined to have an impairment of a different origin.

Interventions, other than those listed below, are considered experimental and should not be sponsored by the Division.

- An accurate explanation of the condition
- Supportive counseling
- Psychological assistance, including medication as prescribed
- Appropriate nutrition and rest
- Anti-inflammatory agents when joint and muscle pain persist
- An incremental program of increased activity with the aim of maximum increase in function

Chronic Pain

Important in an individual's approach to addressing chronic pain are both realizing that chronic pain may not be able to be totally eliminated and taking responsibility for the best management of any residual pain. In addition, utilizing surgical and other strongly overt approaches to symptom relief may often be avoided through first utilizing more conservative approaches.

Pain is a response of special sensory nerve endings to irritation, pressure, heat, cold, injury, stress, and disease. Emotional and attitudinal factors, previous experiences, other health conditions as well as social cultural and ethnic differences, however, can cause individuals to react differently to pain. Assisting the individuals we serve to assume responsibility not only for complying with specific treatment, but also encouraging the person's adapting an approach which takes a "holistic" or total mind and body approach will greatly enhance the likelihood of a return to a level of significant functioning.

CHRONIC PAIN INTERVENTIONS

Medical and Surgical

A physician experienced in the treatment of chronic pain and who seeks to understand the individualized and personal effect that pain of long duration may have had on the patient is most likely to utilize a comprehensive approach. While involving the psychologist and other team members, the potential influence of the physician in facilitating the consumer's assuming the responsibility for improvement is great. Surgery and other more overt interventions may be reasonable within the context of utilizing appropriate more conservative approaches initially.

Physical Exercise

A physician directed program of exercise to tolerance should be a part of nearly all treatment approaches. Improvement in metabolism and general physical conditioning helps to improve tolerance of residual pain in a variety of ways including reducing depression and subsequently improving sleep patterns. Walking, water exercises, and other personalized interventions have proven to often have a positive impact upon the individual's functional capacity even when residual pain persists.

Psychological

Through a psychological evaluation by a licensed practitioner experienced in assisting chronic pain patients, the individual and the treatment team can more fully learn about and address the role of depression, rewards and secondary gain that may come from having the condition, previous physically and emotionally traumatic experiences, and other factors that may be preventing optimal functioning. The psychologist may recommend

specific stress reduction interventions that assist in demonstrating the linkage between emotions and physical comfort. Problems with alcohol may also be identified and treatment addressed.

The psychologist's involvement with family members may be necessary to explore and surmount features in interpersonal relations that may contribute negatively to effective pain management and functional capacity.

Dietary

Good eating habits contribute to good general conditioning as well as to healing connective tissues damaged by inflammation. The individual may need to utilize a nutritionist for instruction in eating to maximize recovery.

Smoking Cessation

Assisting the individual to stop smoking through physician recommended smoking cessation services is another potential component in the comprehensive approach to pain management.

Alternative Medical Approaches

Alternative medical approaches have been gained increasing acceptance by the medical community during recent years. As with other interventions, the individual is best served when he or she views the treatment as a component in an overall approach to pain reduction and tolerance as opposed to a "cure all."

Recognizing the value of chiropractic treatment, the Agency has allowed the sponsorship of spinal manipulation for many years. When prescribed by a physician and performed by a licensed practitioner, acupuncture may be effective as a component in a comprehensive approach. Biofeedback, again when medically approved and performed by a qualified practitioner, can be effective in pain control and has been sponsored by the Agency for stress reduction. Massage therapy, under the prescription of a physician, when in compliance with any local ordinances that pertain (there is no state licensing), and when performed by a therapist certified by the National Certification Board for Therapeutic Massage and Bodywork is potentially of functional benefit. Since a series of the above listed treatments may need to be repeated should symptoms recur, individualized rehabilitation plans should assist in the client's assuming work activities that will both minimize the chances of pain exacerbation as well as provide the financial means for funding subsequent treatments that may be needed.

While some alternative medical therapies are consistent with physiological principles of western medicine, others are far outside the realm of accepted medical practice. The above mentioned interventions are among

those that have had significant acceptance by the medical community in the United States.

The National Institute of Health's Office of Alternative Medicine suggests that, in seeking a provider, one should select someone who is appropriately licensed and accredited who has significant experience in the specific application of the treatment for individual's particular pain treatment need. The provider should be able to offer references of other care providers who have recognized the benefit of the intervention with their patients. The client and practitioner alike need to realize that our sponsorship is for a finite number of treatment sessions and that subsequent treatment sponsorship will depend upon client cooperation, benefit having been realized with additional improvement expected, and progress toward the planned goal of the client's progressing toward being responsible for treatment costs.

The Division acknowledges the reduction of chronic pain that may be associated with many of these treatment modalities and supports short-term sponsorship as part of a total treatment approach under the direction and referral of a medical specialist. In view of the guarded prognosis when organic disease may be absent or insufficient to explain the pain condition, sponsorship of interventions requires diagnosis of the precipitating condition. Vendors must be certified and licensed as appropriate.

(See Volume VIII, Vendor Review and Certification.)

Cochlear Implants

Effective September 1, 1998, Medicaid approved the sponsorship of Cochlear Implants (CI) for children (ages 2-21) but not adults. At this time, Medicaid pays for the physician cost, the implant and hospitalization based on their fee schedule. Medicaid does pay for the speech processor.

The Division of Vocational Rehabilitation is not sponsoring the cochlear implant surgery. However, the counselor can sponsor external replacement parts for the CI such as the speech processor, microphone, coils, etc. for eligible clients with a CI through an approved vendor. The IPE must document this service as a core service under physical restoration that is provided within a supported guidance and counseling relationship. Please refer to Volume V for rates. Any questions regarding CI issues, please contact the Statewide Coordinator for Deafness and Communicative Disorders.

The external replacement parts may only be replaced or repaired by a licensed audiologist who has established a written plan of care that substantiates the need for the replacement or repair of external parts. These parts and rates are listed in Volume V. Upgrades to existing, functioning, replaceable speech processors to achieve aesthetic improvements are not medically necessary and will not be covered.

Although the Division does not sponsor the cochlear implant surgery; the following information is intended to provide Counselors with a general background of knowledge on the procedure. Listed below is a short description of the surgical procedure and process that a client may follow for maximum benefit from the CI. The use of cochlear implantation is still relatively new. The small, snail-shaped electrical devices are surgically implanted in the cochlea, the inner-ear organ that contains nerve endings needed for hearing (under the skin behind the ear). Sound waves enter the microphones, which are then sent via a thin cable to a speech processor that may be worn on a belt or a behind-the-ear model.

The speech processor is a powerful miniature computer that translates incoming sounds into distinct electrical codes. The speech signal is sent back up the same cable, to the headpiece and transmitted across the skin via radio waves to the implanted device. This signal then travels down to the electrode array, which has been positioned within the inner ear and stimulates the auditory nerve. While the implants do not restore normal hearing, they bypass defective parts of the ear and send auditory signals to the brain.

Possible Pre-Operative Required Testing for Consumers:

- A. Hearing Evaluation
- B. Speech Discrimination Testing
- C. Tympanometry
- D. Acoustic Reflex Testing
- E. Auditory Brainstem Response Testing (ABR)
- F. Promontory Stimulation Test
- G. Consultative Pre Cochlear Implant
- H. Other tests and/or services as required

Implant Procedure:

- A. Hospitalization
- B. Anesthesiology
- C. Radiology
- D. Cochlear Implant Devices/System

Post-Operative Activities:

- A. Audiological (Aural) Rehabilitation–Post Surgery
- B. Speech Processor Programming & Therapy
- C. Final Testing
- D. Other tests and/or services as required

DVR-0309 - Computer Purchase Request for Post Secondary Training

Use this form to purchase a computer for a client that is in post-secondary training and attach documentation specifying any assistive technology necessary for access or use of this computer. You may print this form and complete it, or you may complete the form electronically by using the mouse to click check boxes and type responses. Use your Tab key to move within the document. After completely completing document, go to the File Menu, select Save As then save document as: CPR-Client Last Name-VR# **Example: CPR-SMITH-2556231** Email this document to dvr.m.PurchaseRequests@dhhs.nc.gov; fax it to 919-715-2457; or mail it to DVR Purchasing, 2801 Mail Service Center, Raleigh, NC 27699-2801

Counselor Information:

Name: _____
 Address: _____
 Phone #: _____ Fax#: _____
 Email: _____

Client Information:

Name: _____ VR# : _____
 Address: _____ School: _____
 Phone# _____ Curriculum: _____
 Academic Advisor: _____ Advisor Email: _____
 Advisor Phone #: _____ Attending Class ☐ On Campus ☐ Online

Hardware Request:

<input type="checkbox"/>	<u>LAPTOP Computer Minimum Specifications</u> <ul style="list-style-type: none"> Intel Dual Core i3 2 Duo 2.1 GHz Processor – 64 bit 3 GB RAM Memory (upgradeable to 8 GB RAM) 15.6" Wide Screen LCD 320 GB Hard Drive Integrated Audio and Video Cards 8x DVD+/-RW Network - Integrated Wireless 802.11 a/b/g/n & Bluetooth Integrated webcam & microphone Windows 7 Professional – latest version Adobe® Acrobat® Reader - latest version MS Office Home & Student Edition – latest version 1 year Virus Protection 6 cell Primary Battery Carry Case & Travel Surge Protector 	<input type="checkbox"/>	<u>DESKTOP Computer Minimum Specifications</u> <ul style="list-style-type: none"> Intel® Tri Core AMD 3.0 GHz Processor – 64 bit 4 GB RAM Memory (upgradeable to 16 GB RAM) 19" LCD Flat Panel Monitor with integrated speakers 250 GB Serial ATA Hard Drive Integrated Audio and Video Cards 16X DVD+/-RW Network ready / compatible USB Standard Keyboard Standard Optical Mouse Windows 7 Professional – latest version Adobe® Acrobat® Reader – latest version MS Office 2010 Home & Student Edition – latest version 1 year Virus Protection Surge Protector / short term battery back-up
<input type="checkbox"/>	<u>All in One: Inkjet Scanner, Copier, Printer & Fax</u> <ul style="list-style-type: none"> Includes 1 Set High Capacity Replacement Ink Cartridges 	<input type="checkbox"/>	<u>Web Cam</u>
<input type="checkbox"/>	<u>8 GB Flash Drive (portable memory)</u>		

Warranty Information (CHOOSE ONE OPTION ONLY):

- ☐ 1 year parts & service (not onsite) / 3 total years Accidental Damage Coverage (not onsite) – Rec. for LAPTOPS
- ☐ 3 years parts & service onsite coverage and no Accidental Damage Coverage – Rec. for DESKTOPS

Shipping & Delivery: Computers will only be delivered to VR Offices. (Exceptions require other approval.)

Software Request: Computers will come standard with 12 months of Virus Protection (client assumes responsibility after that period), and the latest versions of Microsoft Office Home & Student Edition and Adobe Reader.

Curriculum Specific Software will be ordered as required. Please attach documentation from Academic Advisor or

University for the support of additional software.

☐ I have attached documentation ☐ No other software is required at this time

Comments / Special Notes:

Dental Impairments

Dental impairments create certain difficulties for service delivery staff in determining whether such conditions are severe enough to cause vocationally-related difficulties. Consequently, the Division has developed the following contingencies related to this impairment:

- **COSMETIC APPEARANCE** - An impairment may be present if the individual encounters rejection in social and employment-related situations due to the severity of the cosmetic appearance.
- **CHRONIC DENTAL CARIES** or other Severe Dental Problems - An impairment may exist if the condition is so severe that pain and discomfort interferes with normal functioning. Likewise, the impairment may prevent the individual from maintaining control or treatment of another medical condition.

The dentist or other physician must document that either or both of the above conditions are present.

Disabling Condition

DISABILITY CODING

PRIMARY IMPAIRMENT -- The major disabling condition is the major impairment, defector disease most significantly responsible for the client's independent living or vocational limitation(s).

SECONDARY IMPAIRMENT -- A secondary disabling condition is a second impairment, residual defect or other disabling condition that contributes to, but is not the major source of, the independent living or vocational limitation(s). If the participant has a secondary disabling condition, enter the appropriate code. The secondary disability code cannot equal the major disability, except code 888 may be used for both. If the individual does not have a secondary disabling condition, enter code "999."

General Instructions: The disability or disabilities described and subsequently coded should be accurate and in the best professional judgment of the counselor. Codes 100 through 449 pertain to conditions which affect particular parts of the body and have specific causes. The first two digits of these codes pertain to the disabling condition itself, and the last digit to the cause of the condition. Thus, if a participant is missing at least one upper and one lower extremity (40-) due to an accident, injury, or poisoning (--9), the disability code would be 409.

Codes 500 through 699 pertain to disabling conditions where specific body sites generally are not involved and etiology is not usually appropriate. These codes are not to be used if the disabling condition is a visual, hearing, or orthopedic impairment or an amputation (codes 100-499).

Example: A diabetic condition has led to the amputation of both legs. The proper code would be 434 rather than code 614 (diabetes Mellitus). The code for diabetes would be used only when the disability is not significantly associated with eyes, ears, limbs, digits, or trunk, and the diabetes, itself, is the condition that contributes primarily toward the work limitation.

Cases may occasionally involve two codes in the 500 through 699 series such as benign neoplasm (609) leading to a cardiac condition (643). In this case, use code 643.

Code 888, disabling condition unknown/undetermined, may be entered if case is being closed in status 58 (IL) or 08 (VR) [from applicant status 52

(IL) or 02 (VR) only] because personal contact with the participant could not be ascertained prior to closure.

I. CLASSIFICATION OF DISABLING CONDITIONS

VISUAL IMPAIRMENTS	
Blindness, both eyes, no light perception, due to:	
100	cataract
101	glaucoma
102	diseases unspecified in code listing
106	congenital condition
107	accident, injury or poisoning
109	ill-defined, unspecified or unknown cause
Blindness, both eyes (with correction not more than 20/200 in better eye or limitation in field within 20 degrees, but not codes 100-109), due to:	
110	cataract
111	glaucoma
112	diseases unspecified in code listing
116	congenital condition
117	accident, injury or poisoning
119	ill-defined, unspecified or unknown cause
Blindness, one eye, other eye defective (better eye with correction less than 20/60, but better than 20/200, or corresponding loss in visual field, due to:	
120	cataract
121	glaucoma
122	diseases unspecified in code listing
126	congenital condition
127	accident, injury or poisoning
129	ill-defined, unspecified or unknown cause
Blindness, one eye, other eye good, due to:	
130	cataract
131	glaucoma
132	diseases unspecified in code listing
136	congenital condition
137	accident, injury or poisoning
139	ill-defined, unspecified or unknown cause
Other visual impairments, due to:	
140	cataract
141	glaucoma
142	diseases unspecified in code listing
HEARING IMPAIRMENTS	
Deafness, pre-lingual, due to:	
231	congenital condition
233	degenerative or infectious disease
234	accident, injury or poisoning

239	ill-defined, unspecified or unknown cause
Deafness, pre-vocational, due to:	
241	(Do not use)
243	degenerative or infectious disease
244	accident, injury or poisoning
249	ill-defined, unspecified or unknown cause
Deafness, post-vocational, due to:	
251	(Do not use)
253	degenerative or infectious disease
254	accident, injury or poisoning
259	ill-defined, unspecified or unknown cause
Hard of hearing, pre-lingual, due to:	
261	congenital condition
263	degenerative or infectious disease
264	accident, injury or poisoning
269	ill-defined, unspecified or unknown cause
Hard of hearing, pre-vocational, due to:	
271	(Do not use)
273	degenerative or infectious disease
274	accident, injury or poisoning
279	ill-defined, unspecified or unknown cause
Hard of hearing, post-vocational, due to:	
281	(Do not use)
283	degenerative or infectious disease
284	accident, injury or poisoning
289	ill-defined, unspecified or unknown cause
DEAF-BLIND (See definition after code listing)	
Combined visual and hearing loss, as indicated:	
290	both congenital
292	both adventitious
294	visual loss congenital-hearing loss adventitious
296	hearing loss congenital-visual loss adventitious
298	ill-defined, unspecified or unknown cause
ORTHOPEDIC IMPAIRMENTS, EXCEPT AMPUTATIONS	
Impairment involving three or more limbs or entire body, due to:	
300	cerebral palsy
301	congenital condition or ill-defined birth injury
303	diseases unspecified in code listing
310	arthritis and rheumatism
312	intracranial hemorrhage, embolism, and thrombosis (stroke)
314	poliomyelitis
315	muscular dystrophy
316	multiple sclerosis
317	Parkinson's disease
318	accidents and injuries involving the spinal cord

319	all other accidents, injuries and poisonings
Impairment involving one upper and one lower limb (including side), due to:	
320	cerebral palsy
321	congenital condition or ill-defined birth injury
323	diseases unspecified in code listing
330	arthritis and rheumatism
332	intracranial hemorrhage, embolism, and thrombosis (stroke)
334	poliomyelitis
335	muscular dystrophy
336	multiple sclerosis
337	Parkinson's disease
338	accidents and injuries involving the spinal cord
339	all other accidents, injuries and poisonings
Impairment involving one or both upper limbs (including hands, fingers, and thumbs), due to:	
340	cerebral palsy
323	diseases unspecified in code listing
330	arthritis and rheumatism
332	intracranial hemorrhage, embolism, and thrombosis (stroke)
334	poliomyelitis
335	muscular dystrophy
336	multiple sclerosis
337	Parkinson's disease
338	accidents and injuries involving the spinal cord
339	all other accidents, injuries and poisonings
Impairment involving one or both upper limbs (including hands, fingers, and thumbs), due to:	
340	cerebral palsy
341	congenital condition or ill-defined birth injury
343	diseases unspecified in code listing
350	arthritis and rheumatism
352	intracranial hemorrhage, embolism, and thrombosis (stroke)
354	poliomyelitis
355	muscular dystrophy
356	multiple sclerosis
357	Parkinson's disease
358	accidents and injuries involving the spinal cord
359	all other accidents, injuries and poisonings
Impairment involving one or both lower limbs (including feet and toes), due to:	
360	cerebral palsy
361	congenital condition or ill-defined birth injury
363	diseases unspecified in code listing

370	arthritis and rheumatism
372	intracranial hemorrhage, embolism, and thrombosis (stroke)
374	poliomyelitis
375	muscular dystrophy
376	multiple sclerosis
377	Parkinson's disease
378	accidents and injuries involving the spinal cord
379	all other accidents, injuries and poisonings
Other and ill-defined impairments (including trunk, back, and spine), due to:	
380	cerebral palsy
381	congenital condition or ill-defined birth injury
382	spina bifida (state codes est. 1993)
383	diseases unspecified in code listing
390	arthritis and rheumatism
392	intracranial hemorrhage, embolism, and thrombosis (stroke)
394	poliomyelitis
395	muscular dystrophy
396	multiple sclerosis
397	Parkinson's disease
398	accidents and injuries involving the spinal cord
399	all other accidents, injuries and poisonings
ABSENCE OR AMPUTATION OF MAJOR AND MINOR MEMBERS	
Loss of at least one upper and one lower major extremity (including hands, thumbs, and feet), due to:	
400	malignant neoplasm
402	congenital condition
404	diseases unspecified in code listing
409	accident, injury or poisoning
Loss of both major upper extremities (including hands or thumbs), due to:	
410	malignant neoplasm
412	congenital condition
414	diseases unspecified in code listing
419	accident, injury or poisoning
Loss of one major upper extremity (including hand or thumb), due to:	
420	malignant neoplasm
422	congenital condition
424	diseases unspecified in code listing

429	accident, injury or poisoning
Loss of one or both major lower extremities (including feet), due to:	
430	malignant neoplasm
432	congenital condition
434	diseases unspecified in code listing
439	accident, injury or poisoning
Loss of other unspecified parts (including fingers and toes, but excluding thumbs), due to:	
440	malignant neoplasm
442	congenital condition
444	diseases unspecified in code listing
449	accident, injury or poisoning
OTHER DISABLING CONDITIONS (for which etiology is not known or not appropriate) NOTE: ONLY CODES 500 and 522 WILL BE CLASSIFIED AS "MENTAL ILLNESS"	
Mental and emotional conditions:	
500	psychosis disorders
510	neurosis disorders
520	alcohol abuse or dependence
521	other drug abuse or dependence
522	other mental and emotional disorders
526	autism
529	borderline intellectual functioning
530	intellectual disability, mild (AAIDD Nomenclature IQ range 55-74)
532	intellectual disability, moderate (AAIDD Nomenclature IQ range 40-54)
534	intellectual disability, severe AAIDD Nomenclature IQ range 25-39)
Conditions resulting from neoplasms, not elsewhere classified:	
600	colostomies resulting from malignant neoplasms
601	laryngectomies resulting from malignant neoplasms
602	leukemia and aleukemia
605	other malignant neoplasms
609	benign and unspecified neoplasms
Allergic, endocrine system, metabolic and nutritional diseases:	
610	asthma and hay fever
611	other allergies
614	diabetes mellitus

615	other endocrine system disorders (except 616, cystic fibrosis)
616	cystic fibrosis
619	avitaminoses and other metabolic diseases
Diseases of the blood and blood-forming organs:	
620	hemophilia
621	sickle cell anemia
629	other anemia and diseases of the blood and blood-forming organs (except code 602, leukemia and aleukemia)
Other disorders of the nervous system:	
630	epilepsy - if not seizure-free for two years
632	learning disabilities
639	other disorders of the nervous system, not elsewhere classified
Cardiac and circulatory system conditions:	
640	congenital heart disease
641	rheumatic fever and chronic rheumatic heart disease
642	arteriosclerotic and degenerative heart disease
643	other diseases or conditions of the heart
644	hypertensive heart disease
645	other hypertensive disease
646	varicose veins and hemorrhoids
649	other conditions of circulatory system
Respiratory system conditions:	
650	tuberculosis
651	emphysema
652	pneumoconiosis and asbestosis
653	bronchiectasis
654	chronic bronchitis and sinusitis
659	other conditions of respiratory system
Digestive system conditions:	
660	conditions of teeth and supporting structures
661	ulcer of stomach and duodenum
662	chronic enteritis and ulcerative colitis
663	hernia
664	colostomies (except Code 600, those resulting from malignant neoplasms)
669	other conditions of digestive system
Genitourinary system conditions:	
670	genitourinary system conditions (except code 671, end-stage

	renal failure)
671	end-stage renal failure
Speech impairments:	
680	cleft palate (with or without cleft lip), with speech imperfections
682	stammering and stuttering
684	laryngectomies (except Code 601, those resulting from malignant neoplasms)
685	aphasia, resulting from intracranial hemorrhage, embolism, or thrombosis (stroke)
689	other speech impairments
Other disabling diseases and conditions, not elsewhere classified:	
690	diseases and conditions of the skin and cellular tissue
699	all other disabling diseases and conditions
Traumatic brain injury leading to:	
700	blindness, both eyes no light
702	blindness, both eyes, some light perception
704	blindness, one eye, other eye defective
706	blindness, one eye, other eye good
708	other visual impairments
710	deafness, pre-lingual
712	deafness, pre-vocational
714	deafness, post-vocational
716	hard of hearing, pre-lingual
718	hard of hearing, pre-vocational
720	hard of hearing, post vocational
722	orthopedic impairment involving three or more limbs or entire body
724	orthopedic impairment involving one upper and one lower limb (including side)
726	orthopedic impairment involving one or both upper limbs (including hands,
728	orthopedic impairment involving one or both lower limbs (including feet and toes)
730	other and ill-defined orthopedic impairments (including trunk, back and spine)
732	psychotic disorders
734	neurotic disorders
736	other mental and emotional disorders
738	epilepsy
740	learning disabilities

742	speech impairments
744	all other disabling conditions not elsewhere classified or with multiple effects
GENERAL CODES	
888	disabling condition unknown/undetermined
999	no secondary disabling condition

II. Special Instructions for Recording Hearing Impairments, Mental and Emotional Conditions and Intellectual Disability:

Definitions for Terms Used in Coding Hearing Impairments:

DEAFNESS: A hearing impairment of such severity that the individual must depend primarily upon visual communication such as writing, lip reading, manual communication, and gestures.

HARD OF HEARING : A hearing impairment resulting in a functional loss, but not to the extent that the individual must depend primarily upon visual communication.

PRE-LINGUAL HEARING IMPAIRMENT : An impairment that is known or is assumed to have occurred prior to the third birthday.

PRE-VOCATIONAL HEARING IMPAIRMENT: An impairment that is known or is assumed to have occurred on or after the third birthday, but prior to the 19th birthday.

POST-VOCATIONAL HEARING IMPAIRMENT: An impairment that is known or is assumed to have occurred on or after the 19th birthday.

CONGENITAL CONDITION: A hearing loss that is known or assumed to have been present at birth. Examples would include, but not be limited to, maternal rubella and hemolytic disease of the newborn.

DEGENERATIVE OF INFECTIOUS DISEASE : A cause of hearing loss that would include, but not be limited to, meningitis, scarlet fever and diphtheria. (NOTE: A condition present at birth which does not result in a hearing loss until later in life is, for reporting purposes, caused by “degenerative or infectious disease”.)

ACCIDENT, INJURY OR POISONING: A traumatic cause of hearing loss, including noise-induced loss. This cause would encompass, but not be limited to, ototoxic agents.

Definition of Deaf-Blindness

The term “individual who is deaf-blind” means any individual:

- A. who has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual field subtends an angular distance no greater than 20 degrees, or a progressive visual loss having a prognosis leading to one or both of these conditions;
- B. who has a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; AND
- C. for whom the combination of impairments described in clauses A and B causes extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment or obtaining a vocation;

AND

who, despite the inability to be measured accurately for hearing and vision loss due to cognitive or behavioral constraints, or both, can be determined through functional and performance assessment to have severe hearing and visual disabilities that cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment or obtaining vocational objectives.

The Classification and Coding of Intellectual Disability

The essential features of intellectual disability are: (1) significant sub-average intelligence functioning, (2) resulting in or associated with deficits or impairments in adaptive behavior, (3) with onset before the age of 18.

Significant subaverage intellectual functioning is defined as an IQ of 74 or below on an individually administered IQ test by a psychologist. Regardless of IQ scores, documented evidence of deficits in adaptive behavior are the critical elements in determining eligibility on the basis of intellectual disability. A measured IQ in and of itself is insufficient diagnostic evidence to establish eligibility for a program of IL rehabilitation services.

Adaptive behavior refers to the effectiveness with which an individual meets the standard of personal independence and social responsibility expected of his or her age and cultural group. There are scales designed to quantify adaptive behavior, but none is considered reliable and valid to be used alone to evaluate this aspect of functioning. Therefore, clinical judgment is necessary for the assessment of general adaptation, the individual's age being taken into consideration.

The IQ level of 74 was chosen as the upper limit for intellectual disability because most people with IQs below 74 are so limited in their adaptive functioning that they require special services. The arbitrary IQ ceiling values are based on data

indicating a positive association between intelligence (as measured by IQ score) and adaptive behavior. This association declines at the upper levels of Mild Intellectual Disability. Some individuals with an IQ near but below 74 may not have the impairment in adaptive behavior required for a diagnosis of Intellectual Disability.

MILD: Code 530. According to present AAIDD nomenclature, descriptive of retarded persons whose IQ falls in the 55 through 74 range. With proper training, these persons should achieve some academic skills, personal and social adequacy, and vocational adjustment. These individuals may need assistance in social or economic stress situations throughout their lives.

MODERATE: Code 532. According to present AAIDD nomenclature, descriptive of individuals whose IQ falls in the 40 through 54 range. These persons may always need supervision but with proper training should achieve adequate skills in self-help and communication and are often able to work with support. These individuals generally will not master academic skills (Trainable).

SEVERE: Code 534. Present AAIDD nomenclature, descriptive of individuals whose IQ fall in the 25 through 39 range. Goals are for development of self-help skills and with intensive and prolonged training these people may be able to function in a highly controlled and supervised workshop facility or in supported employment. These individuals will always need fairly complete supervision.

(If the psychologist reports the IQ range, rather than the actual score, the counselor should use the mid-point of the range, i.e., Mild - 65, Moderate - 47, and Severe - 32.)

It is the behavioral component of intellectual disability rather than the measured intelligence quotient which is more meaningful in determining the individual's need for independent living services as well as his/her ultimate potential on the completion of such services. At the same time, it must be realized that the IQ can be of great importance to the counselor, especially in the applicant's or participant's readiness for specific training, for example.

While there are no objective scales which will determine with reasonable objectivity the functioning level of adaptive behavior to which a person with an intellectual disability should be assigned, such measures as the Vineland Social Maturity Scale and others may be helpful in this regard. It will, then, be necessary for the counselor, in collaboration with the psychologist, to make a judgment on the proper observations of the applicant/participant, a careful review of the case history together with the results of a comprehensive medical-psychological-educational evaluation, reports from schools and other agencies which may have been involved in the case, and such other sources of information as may be available.

III. Codes for Mental and Emotional Conditions Using Terms from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)

500 – Psychotic Disorders DSM-IV Categories

- A. Schizophrenic disorders
- B. Paranoid disorders
- C. Major affective disorders (bipolar disorder and major depression)
- D. Atypical affective disorders
- E. Organic disorders, other than substance-induced
- F. Psychotic disorders, not elsewhere classified

510 – Neurotic Disorders DSM-IV Categories

- A. Anxiety disorders
- B. Somatoform disorders
- C. Dissociative disorders
- D. Dysthymic disorder - other specific affective disorders (depressive neurosis)
- E. Disorders usually first evident in infancy, childhood or adolescence, not elsewhere classified
 - anxiety disorders of childhood or adolescence
 - eating disorders
 - stereotyped movement disorders
 - other disorders of infancy, childhood or adolescence (except conduct disorders and attention deficit disorders, both coded 522, and autism, coded 526)

520 - Alcohol Abuse or Dependence DSM-IV Categories

- A. Substance use disorders - abuse of and dependence on alcohol
- B. Organic mental disorders, as induced by alcohol

521 - Other Drug Abuse or Dependence DSM-IV Categories

- A. Substance use disorders - abuse of and dependence on drugs other than alcohol
- B. Organic mental disorders, as induced by drugs other than alcohol

522 - Mental and Emotional Disorders, Not Elsewhere Classified DSM-IV Categories

- A. Personality disorders (DSM-IV Axis II category)
- B. Conduct disorders of childhood or adolescence
- C. Attention deficit disorders of childhood or adolescence
- D. Cyclothymic disorders - other specific affective disorders
- E. Psychosexual disorders
- F. Factitious disorders
- G. Disorders of impulse control, not elsewhere classified

529 - Borderline Intellectual Functioning

- A. This diagnosis is given when there are deficits in adaptive behavior associated with Borderline Intellectual Functioning which is generally in the IQ range of 71-84.
- B. Applicants who are diagnosed as having Borderline Intellectual Functioning based on psychological test results and deficits in adaptive behavior can be considered as having a disabling condition. The extent to which this condition is a handicap to employment depends largely on the deficits in adaptive behavior identified by the psychologist, the applicant, the teacher or the family of the applicant. Deficits in adaptive behavior must be identified or referenced in the psychological report and the psychologist may, in fact, need preliminary information about this behavior prior to testing, in order to establish the diagnosis.
- C. It is rare that Borderline Intellectual Functioning would be classified as Significantly Disabled according to Federal criteria.

Driver Evaluation & Training Services: Procedures for Obtaining Driving Evaluation When Adaptive Driving Equipment Is Involved

{This appendix insert replaces Policy Directive 04-2004 dated 09/14/2004}

Since September 14, 2004, counselors were directed to utilize one or two specific rehabilitation engineers per region who were to serve as point persons assisting counselors with matching the various driving evaluation providers and their capabilities with the specific needs of the consumer. Additionally, these “designated engineers” also reviewed the driving evaluations for purposes of verifying their compliance with the Division’s requirements prior to payment for services rendered. Over the course of that period, we have been able to improve the quality of the driving evaluations purchased and were able to strengthen all staff rehabilitation engineer’s ability to provide these services.

Effective April 20, 2007, we are requesting for all counselors who wish to obtain driving evaluations or training for clients involving adaptive equipment to contact the rehabilitation engineer from which they normally obtain all rehabilitation engineering services. They will guide the counselor through the resources, forms and procedures for obtaining these services.

One of the benefits of this new approach is that the rehabilitation engineer with whom the counselor normally partners can remain an integral part of the process from the very moment that a counselor determines that a driving evaluation should be pursued for a given client. It also should be less confusing for counselors to work with the rehabilitation engineer that they normally partner with on all rehabilitation engineering-related matters.

As a reminder, the following types of driver evaluation/training services are NOT included in this process:

- Clinical evaluations for purposes unrelated to adaptive equipment purchases, e.g., cognitive-perceptual types of evaluations often purchased through outpatient rehab centers.
- Driver’s training where no adaptive equipment is involved.

Furthermore, when authorizing, utilize the following codes as applicable:

- Driver Training (No Adaptive Equipment): D,T 68
- Driver Evaluation /Training (With/For Adaptive Equipment): D,T 69

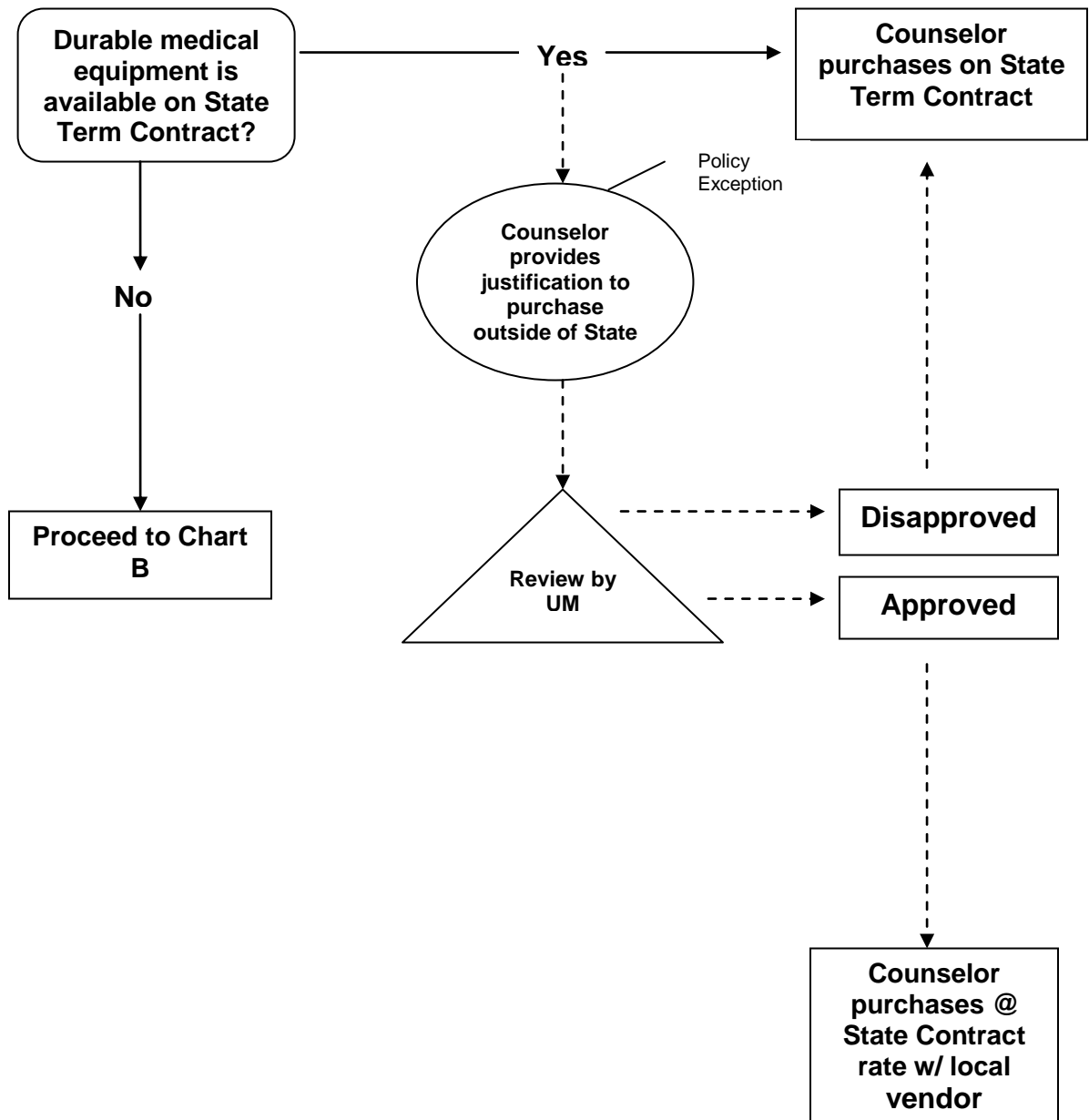
Once the services are provided, the vendor is instructed (via DVR-0229-B) to submit their report, which will consist of a completed DVR-0229-D “Standardized Driving Evaluation /Training Report” and any additional information provided by the evaluator. In order to maintain the level of quality of the information within the reports, the counselor is to immediately send a legible copy of the report, signed case service and vendor invoices to your rehabilitation engineer, who will review

and approve for payment via signature, date and title. Alternatively, your engineer may request corrections to the report from the vendor prior to payment. The engineer will send the final report (if corrections were required) and the signed invoices to the counselor, who will submit the invoices to the controller's office for payment. PROCEDURES FOR OBTAINING DRIVING EVALUATION & TRAINING SERVICES WHEN ADAPTIVE DRIVING EQUIPMENT IS INVOLVED

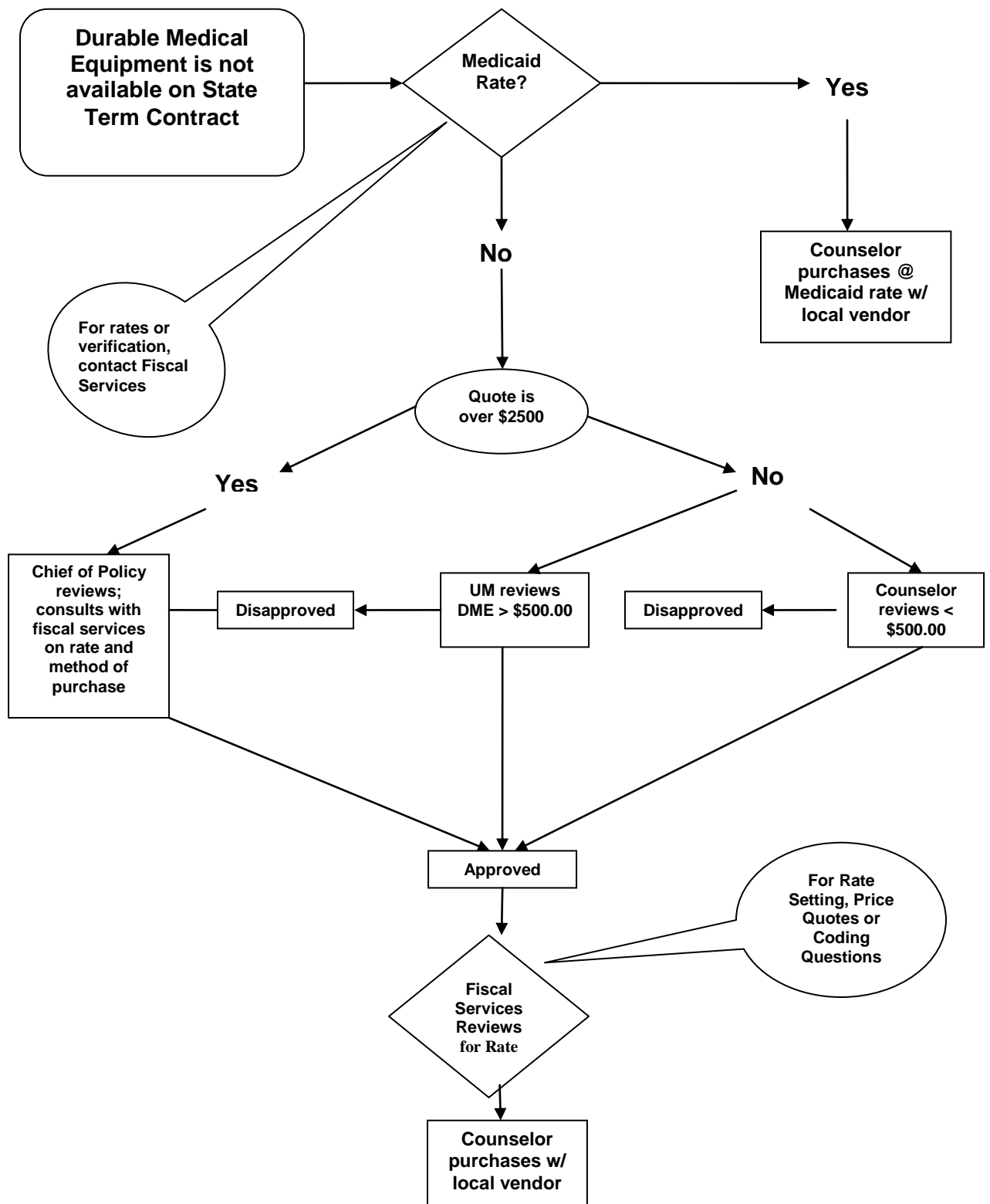
For future reference, the forms will be available via the following:

- VR Intranet site link:
<http://hrdvr03.dvr.dhhs.state.nc.us/division/sections/pos/docs/resources.htm>
- link from CATS to the VR Intranet site via "DrivingEvals" under the "Help" menu

Durable Medical Equipment: Purchase Procedures - Chart A



Durable Medical Equipment: Purchase Procedures - Chart B



Hearing Disabilities

Since hearing impairments present in varying degrees, the Division has developed specific criteria for the determination of an impairment based on a hearing loss. These criteria are designed to assist the service delivery staff in working with those individuals whose impairment is to such a degree that substantial impediments to employment may exist.

All VR clients with hearing disabilities, regardless of type and degree of hearing loss, must be served by the Rehabilitation Counselor for the Deaf unless it delays services. If clients with hearing disabilities are served by other counselors, the case must be staffed with the Rehabilitation Counselor for the Deaf. The Rehabilitation Counselor for the Deaf must always be consulted in the eligibility decision, the assessment of comparable benefits, and in the development of the IPE to ensure proper services are provided. Regular staffing should be documented in the case record. Bone Anchored Hearing Aids must be staffed with the Program Statewide Coordinator for Deafness and Communicative Disorders.

Establishing a Hearing Related Impairment

A hearing evaluation (audiogram) must be used to determine if a person has a hearing related impairment regardless of shelf life. For individuals who are deaf or are long-term users of hearing aids, an audiogram is sufficient for the establishment of an impairment and eligibility. However, depending on the discretion of the counselor, a new hearing evaluation can be authorized if a person has a progressive hearing loss or the counselor feels that a new hearing evaluation is needed.

Audiological Data and Purchases for VR and IL:

The Counselor **MUST NOT** purchase a hearing aid without updated audiological data that is less than one year old. (See subsection 2-16-2 Hearing Aids) To be considered as valid audiological data, the medical information must include the type of hearing loss - sensorineural, conductive, mixed, or central; and the prognosis as to future development of the condition. Audiological data must include:

1. A statement from the otologist identifying the type of hearing loss or the identification of a progressive loss.
2. Medical clearance for fitting of an aid must be obtained from a physician skilled in diseases of the ear (ENT exam).
3. An audiogram with three-frequency pure tone average (PTA), speech discrimination (SD) scores, and the speech reception threshold (SRT) listed.

4. A narrative that provides a general description of the amplification device recommended and indicates the individual's preference regarding the device.

VR Policy for Hearing Related Impairment

A client is considered to have a hearing related impairment if **one** of the following criteria is met:

1. A **chronic** ear disease requiring medical treatment or surgery (not contingent upon decibel loss in either ear.); OR
2. Average pure tone loss of 40 dB (ANSI) or more in the better ear in the speech range (500, 1,000, and 2,000 cycles per second) (UNAIDED); OR
3. Average pure tone hearing loss of 20 dB (ANSI) or more in the better ear in the speech range when the pure tone average loss in the other ear exceeds 80 dB (ANSI)(UNAIDED); OR
4. Regardless of the pure tone average loss, speech discrimination of less than 75% at 50-60 dB (average conversational intensity level) in the better ear in a quiet environment (**UNAIDED**); OR
5. A borderline chronic condition, which has been otologically and audiologically diagnosed as **rapidly progressive** and documented by a physician skilled in the diseases of the ear.

“Rapidly progressive” is defined as having additional 10dB or more hearing loss in the better ear in the last year **either** with the pure tone average in the speech range (500, 1000, and 2000Hz)(UNAIDED)

OR

the other three frequencies (2000, 4000, and 6000Hz) (UNAIDED).

6. A **Cochlear implant (CI)** has been implanted in one ear; the client must also have one of the above 5 criteria listed above occurring with the second ear.

An individual with a CI does meet the criteria for VR services if they already have an implant **and they meet the above criteria for hearing loss in the opposite ear.** If they have a CI and they meet the criteria for a hearing disability, the counselor must show documentation of **substantial impediments** to employment due to adjustment, residual perceptual problems or other impediments/problems related to the cochlear implant in order for the individual to be eligible for services. If they have an implant in one ear and normal hearing in the 2nd ear, they are not eligible. Any questions regarding eligibility, contact the Statewide Coordinator for Deafness and Communicative Disorders.

Independent Living Policy for Hearing Related Impairment

A client is considered to have a significant hearing disability if **ONE** of the following three criteria is met:

1. Speech Reception Threshold (SRT) of 55dB loss or more in the better ear in the speech range (500 Hz, 1000 Hz, and 2,000 Hz) (UNAIDED). SRT is the softest level of sound at which a participant can correctly respond to at least 50% of a list of spondee (bi-syllabic) words.
2. Average pure tone loss of 55dB (ANSI) or more in the better ear in the speech range (500 Hz, 1000 Hz, and 2000 Hz) (UNAIDED).

For example, if the thresholds are 60dB at 500 Hz, 80dB at 1000 Hz, and 90dB at 2000 Hz. The pure tone average would be:

$$\frac{60 + 80 + 90}{3} = \frac{230}{3} = 77\text{dB (right ear)}$$

$$\frac{50 + 40 + 30}{3} = \frac{120}{3} = 40\text{dB (left ear)}$$

The most useful ear is the left and the person would not be eligible for IL services.

3. The Speech Reception Threshold (SRT) or the Pure Tone Average (PTA) is between 30-54 dB in the better ear plus one of the following:

a. Speech discrimination (SD) of less than 50% at 50-60 dB (average conversational intensity level) in the better ear in a quiet environment (UNAIDED).

OR

b. A statement from a physician skilled in diseases of the ear indicating a rapidly **progressive loss**.

“Rapidly progressive” is defined as having additional 10dB or more hearing loss in the better ear in the last year **either** with the pure tone average in the speech range (500, 1000, and 2000Hz)(UNAIDED)

OR

the other three frequencies (2000, 4000, and 6000Hz) (UNAIDED).

The above criteria must be considered in terms of the individual’s ability to understand speech and communication in everyday situations, understanding of and adjustment to the hearing disability at home and work, and job safety considerations.

HIV/AIDS

Individuals with HIV as a primary impairment or secondary restoration issue must be diagnosed by a physician specializing in the assessment and medical management of this disease (i.e., infectious disease doctor). Counselors must use existing medical information when such is available or refer the individual to a physician as described above when the individual is without proper medical care. For individuals presumed eligible as a result of HIV or AIDS, as always, the counselor should try to obtain impairment-related data from the infectious disease professional that is providing treatment. The counselor may elect to staff the case with the unit medical consultant if it is deemed that the consultant can offer medical opinion or interpretation not otherwise available through the treating physician, however consultation with the unit medical consultant is not required.

IMPAIRMENT

The primary modes of transmission of HIV or Human Immunodeficiency Virus are unprotected sexual contact, intravenous drug use, exposure before and during birth and through breastfeeding, and the transfusion of blood and blood products¹. Once an individual is exposed, the individual will either be HIV-positive, asymptomatic or HIV-positive, symptomatic. A person is diagnosed as having AIDS (Autoimmune Deficiency Syndrome) when the individual either (1) demonstrates the presence of an AIDS-defining disease (one of 24 opportunistic infections) and/or (2) demonstrates a CD4 cell count of less than 200². Counselors should obtain current medical information which describes the viral load and CD4 count as well as symptoms in order to determine whether impediments to employment exist for an individual with HIV or AIDS.

HIV-Positive, Asymptomatic

The individual may demonstrate few to no symptoms. Symptoms during this phase may be similar to those found in other common communicable diseases and may include fatigue, unexplained weight loss, skin problems, bacterial pneumonia, and oral/vaginal thrush. Despite few symptoms, the virus is actively destroying the individual's immune system and can be transmitted to others as described above². Since symptoms are transient, it is unlikely that an individual with asymptomatic HIV will present substantial impediments to employment as a result of the condition itself.

HIV-Positive, Symptomatic

During this phase, the individual's viral load increases and CD4 count (the amount of virus-fighting white blood cells) decreases. Therefore, the individual is

¹ Department of Health and Human Services, Center for Disease Control and Prevention: HIV/AIDS Topics. (2008, September 3). *How HIV Is and Is Not Transmitted*. Retrieved April 7, 2009 from <http://www.cdc.gov/hiv/topics/basic/index.htm#transmission>

² Berry, J. D., & Hunt, B. (2005). HIV/AIDS 101: A primer for vocational rehabilitation counselors. *Journal of Vocational Rehabilitation*, 22, 75-83.

less able to fight off communicable disease and opportunistic infections. Physical symptoms which may be present include: prolonged fever, night sweats, severe headache, persistent diarrhea, respiratory problems, problems with swallowing, vision problems, difficulty with sleeping and eating patterns, and pain². In addition, the individual may experience cognitive and psychological symptoms including difficulty with concentration and short-term memory as well as comorbid depression². Individuals may live as HIV-Positive, Symptomatic for decades before progressing to a diagnosis of AIDS. Individuals with symptomatic HIV can be considered for eligibility based on the individual's impediments to employment and ability to benefit from and need for a program of VR services.

AIDS

During this phase, an individual has very little resistance to communicable disease and is likely to have one or more serious opportunistic diseases including, but not limited to: cancer, tuberculosis, recurrent pneumonia, non-Hodgkin's lymphoma, Kaposi's sarcoma, AIDS dementia complex, and HIV wasting syndrome. It is often the complications of these opportunistic diseases which cause fatalities for individuals with AIDS. Individuals survive an average of two to four years following a diagnosis of AIDS; however some individuals have survived for more than 15 years following an AIDS diagnosis². Individuals with AIDS may be considered for eligibility based on the individual's impediments to employment as well as their ability to benefit from and their need for a program of VR services.

IMPEDIMENT

HIV and AIDS are no longer considered terminal illnesses, but are viewed instead as chronic illnesses. Individuals with HIV or AIDS can experience periods of symptom exacerbations and remissions like other chronic illnesses. Therefore, careful consideration must be given to determine how an individual's illness presents impediments to employment. The following *may* represent impediments associated with HIV or AIDS:

- Difficulty with maintaining work schedule
- Difficulty with maintaining treatment regimen with required work demands
- Difficulty storing or administering medications in the workplace (need to have regular meals or snacks, need refrigeration, need private space to administer medications, etc.)
- Difficulty concentrating on the job
- Difficulty remembering job tasks or job functions
- Limited self-advocacy skills (related to disclosure issues and return-to-work fears)
- Difficulty maintaining motivation due to change in life values and inconsistencies with physical symptoms and response to treatment

- Comorbid disabling conditions and associated impediments to employment

Impediments to employment may vary widely from one individual to the next depending on the stage of the illness, the individual's assets, priorities, and concerns, and any comorbid conditions such as depression, substance abuse, or opportunistic diseases.

OTHER CONSIDERATIONS

Treatment

Currently, most individuals with HIV/AIDS are treated using HAART (highly active antiretroviral therapy). This is also called "combination therapy." Treatment results in various side effects including: nausea, headaches, dizziness, cognitive effects, rash, redistribution of body fat (increase in abdomen and decrease in face, buttocks, and extremities), diarrhea, peripheral neuropathy, and abdominal discomfort². Individuals' responses to treatment vary. HAART involves a very strict treatment regimen where an individual takes many pills/injections a day with very specific indications. HAART requires extreme treatment adherence or the individual may develop a resistance to a class of medications, or, in the least, the effectiveness is minimized. Counselors should consider the vocational impacts of side effects from treatment as well as treatment adherence issues in determining eligibility and developing rehabilitation plans.

Disclosure

Whether to disclose an individual's diagnosis of HIV-positive or AIDS is a significant issue for individuals with these conditions because of the stigma which can be associated. Issues of disclosure should be taken into consideration with individuals with HIV/AIDS in terms of completing job applications and interviewing, requesting reasonable accommodation under ADA, requesting leave under FMLA, completing drug screenings, completing employer health questionnaires, and making decisions about health benefits. Only a few occupations require full disclosure, such as surgeons who perform invasive procedures, due to the risk for transmission. Otherwise, Counselors should assist clients with HIV/AIDS in identifying their functional limitations as well as training individuals to carefully consider job goals and to limit disclosure, including the request for workplace accommodations, to functional terms (i.e., Mr. Smith has a chronic illness which requires that he have access to a private place to administer his treatment regimen and that he have a modified schedule which begins no earlier than 10:00 AM.). For individuals whose employers require them to complete health questionnaires due to the nature of the work performed, one strategy is to request that the treating physician write a summary of the individual's functional needs and/or limitations or a statement summarizing the lack of impact of the illness on the items addressed in the health questionnaire as a substitute for completing a health questionnaire which has items that may

subject the individual to disclosing his/her HIV/AIDS diagnosis³.

Further, some forms of combination therapy will result in a positive drug screen for marijuana. The likelihood for testing a false-positive does not require that a person with HIV/AIDS disclose his/her condition to an employer. Typically, a Medical Review Officer with the drug testing company will request legal proof of prescription. This information is not shared with the employer. If the Medical Review Officer verifies that the medication is the cause of the positive test result, the result is reported to the employer as negative^{3,4}.

Resources

For more information on HIV/AIDS, resources, and treatment locations, visit the websites below:

The NC Department of Health and Human Services Epidemiology Section link to HIV/STD Prevention and Care:

<http://www.epi.state.nc.us/epi/hiv/index.html>

Project Inform link to NC HIV/AIDS resource list:

<http://www.projectinform.org/info/state/NC.shtml>

The Body: The Complete HIV/AIDS Resource:

<http://www.thebody.com/index.html>

US Department of Health and Human Services AIDSinfo:

<http://aidsinfo.nih.gov/>

US Department of Health and Human Services AIDS.gov:

<http://www.aids.gov/>

Centers' for Disease Control National Prevention Information Network Organization Search Engine:

<http://www.cdcnpin.org/scripts/search/orgSearch.aspx>

³ Breuer, N. L. (2005). Teaching the HIV-positive client how to manage the workplace. *Journal of Vocational Rehabilitation*, 22, 163-169.

⁴ Pietrandoni, G. (2000, September/October). Back to Work Drug Screenings. *Positively Aware*. Retrieved April 7, 2009, from http://www.tpan.com/publications/positively_aware/sept_oct_00/back_to_work_drug_screen.html

IMPEDIMENTS TO EMPLOYMENT

In order to determine an individual's eligibility for VR services, the counselor must determine the presence of substantial impediments to employment. For an eligible individual, the impediments to employment should be recorded on the Eligibility Decision Form. **It is not necessary to re-state impediments on the WRAP that have been addressed on the Eligibility Decision. However, if additional impediments are determined as a result of the comprehensive assessment, they should be documented on the Written Rehabilitation Analysis Page (WRAP).**

Impediments to employment are unique to the specific impairment and the individual consumer. The Handbook of Disabilities, available on the VR intranet (staff development section), is an excellent resource in identifying the common impediments/limitations of disabling conditions. However, keep in mind that the Handbook of Disabilities has compiled exhaustive lists of impediments that can result from impairments. The impediments covered in the Handbook of Disabilities may or may not apply to the specific client being considered. The impediments documented on the Eligibility Decision Form and WRAP must have a basis in the diagnostic data and other supporting information in the case, including discussions with the client.

When documenting impediments to employment on the Eligibility Decision Form or WRAP, it is important to document work related impediments, as opposed to symptoms. Impediments should be stated functionally in terms of how the disabling condition limits the individual in the performance of job related tasks. The following are examples of diagnoses, symptoms and impediments:

- Degenerative Disc Disease,
 - Symptoms - back and leg pain, limited range of motion, stiffness.
 - Impediments - must be able to alternate sitting or standing in the performance of job duties, inability to lift greater than 10 lbs. on a frequent basis, work must be performed on a single level floor with no requirement to climb stairs or ladders.
- Schizophrenia
 - Symptoms - hyperactivity, restlessness, confusion, and poor concentration.
 - Impediments - requires prompts or cues to stay on task and complete work assignments; requires a varied training approach that includes repetition of oral instructions as needed and accompanied by visual demonstrations of tasks to be performed
- Reading Disorder
 - Symptoms – reading level at 3.2 grade equivalent

- Impediments – requires job tasks that do not rely on reading;
requires job training that incorporates visual demonstrations;
requires visual cueing and verbal instructions on the job

Remember, it is extremely important that the listed impediments on the Eligibility Decision Form and WRAP are individualized to the client's situation, not generalized from the diagnosis.

The Handbook of Disabilities may be found at:

<http://www.rcep7.org/projects/handbook/handbook.html>

Intellectual Disability

In order to be classified as an individual with an intellectual disability for vocational rehabilitation purposes, the individual must have significant subaverage intellectual functioning defined as a FSIQ of 74 or less. Regardless of FSIQ scores, adaptive behavior deficits are critical elements in determining eligibility on the basis of intellectual disability. The FSIQ score along with deficits in adaptive behavior provide documentation of an impairment. When an intellectual disability is the major disability, the FSIQ must be recorded on the DVR-0004 and entered into the CLIENT DATA BASE. The following FSIQ ranges will be used:

- Mild - FSIQ range of 55-74.
- Moderate - FSIQ range of 40-54.
- Severe - FSIQ range of 25-39.

If the psychologist reports the FSIQ range rather than the actual score, the counselor should report the mid-point of the range, i.e. Mild - 65, Moderate - 47, Severe - 32

Learning Disability

Learning Disabilities (defined as “learning disorder” in the DSM-IV) are diagnosed when the individual's achievement on individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and the level of intelligence. The learning problems must significantly interfere with academic achievement or activities of daily living that require reading, mathematical, or writing skills.

Learning Disabilities vary in severity, as do all disabilities. In both categories I and II below, it is the counselor's responsibility to review all available information regarding the individual's work history, extra-curricular activities, overall skills, aptitudes, interests, and achievement in secondary school. This information should be considered to determine if the individual's learning disability represents an impediment to employment and to assist the individual in planning for a job choice that is appropriate to his or her capabilities. Under no circumstances will the Division sponsor remedial services while the individual is enrolled in secondary school.

CATEGORY 1: The following criteria will apply to:

- Students enrolled in the public school system or public charter school with an Individualized Education Program (IEP) for the current year developed to address the individual's learning disability.
- Individuals who have been out of public school less than two years and were identified as disabled with an IEP during the last year of enrollment developed to address a learning disability.

Impairment

The learning disability as an impairment must be documented by obtaining a copy of the Learning Disabilities Eligibility Report, which includes the psychological and educational evaluation and a copy of the IEP Team Report recommending the individual's identification as having a learning disability and in need of special education services.

Determination of Substantial Impediment(s)

Emphasis should be on the identification of the impediments to employment caused or created by the impairment. The following criteria apply and must be documented:

Scores on an individually administered achievement test in reading, mathematics, or written expression indicate that the applicant's achievement score is below grade level. Achievement scores must be at least three grade levels below current grade placement with a maximum achievement level of 8.0

grade level in the 11th grade, the 12th grade and the two years after exiting school. The following criteria apply and must be documented:

- Ninth grade level (9.0-9.9) students must score 6.9 or below on achievement tests.
- Tenth grade level (10.0-10.9) students must score 7.9 or below on achievement tests.
- Eleventh grade level students must score below 8.0 on achievement tests.
- Twelfth grade level students must score below 8.0 on the achievement tests.
- Students who are referred within two years of exiting school must score below 8.0 on achievement tests.

Utilization of achievement data is a required component of all referrals for Vocational Rehabilitation Services. In order to avoid unnecessary testing, existing data from previously administered achievement tests may be used if the most recent achievement score(s) were obtained within two years of the application for services. Otherwise, current achievement data must be secured from a vocational evaluator or other sources. Achievement scores from the Wide Range Achievement Test (WRAT) will not be accepted for purposes of eligibility.

AND

The student is currently receiving at least three supplemental aides during this academic year (or received them during the last year of school) as stated on the IEP and/or through verification from the individual, parent or school system personnel. A copy of the IEP should be included in the case record. The following list is not intended to be an exhaustive list of possible supplemental aides or services:

- Note taker services
- Oral testing
- Additional support from a teacher assistant
- Job coach
- Enrollment in exceptional children curriculum support class
- Tutorial services
- Enrollment in exceptional children resource room
- Extended test time
- Abbreviated assignments
- Assistive devices
- Requires the use of audiotapes for instruction

CATEGORY 2:

For those individuals who do not meet Category I criteria, a psychologist using the current Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria, must document the learning disability, which establishes the existence of impairment. Also, the psychologist must provide scores on an individually administered achievement test in reading, mathematics, or written expression. Achievement test scores from the Wide Range Achievement Test (WRAT) will not be accepted for purposes of eligibility.

Determination of Substantial Impediment(s)

As in all cases, emphasis should be on identification of the functional limitations which are imposed by the impairment and which establish the impediment to employment. Scores on an individually administered achievement test must be at or below the 8.0 grade level in reading, math, or written expression. The analysis by the counselor must demonstrate that the diagnosis of LD results in substantial impediments to employment, examples of which could include:

- The learning disability has resulted in the individual being impeded in obtaining job skills and experiences commensurate with his/her abilities.
- The individual has lost employment or experienced difficulty on jobs or in post-secondary training programs because of an inability to access written training materials or perform written or computational job requirements, etc.

In instances where the diagnosis is indicated as Learning Disabled, Not Otherwise Specified (LD-NOS), these cases must be reviewed on an individual case-by-case basis in determining the existence of substantial impediments to employment.

Louisburg College Learning Partners

Louisburg College Learning Partners addresses learning differences for individuals with learning disorders by providing intensive and interactive tutorial partnerships. The Learning Partners' structured and individualized services are designed to promote self-reliance and life-long learning skills through focused tutorials sessions offered to a select group of dedicated students. Louisburg College is committed to building partnerships between students and faculty by teaching students with learning disorders how to best succeed in the academic environment.

First Year

Students meet twice each week on an individual basis with their learning specialist and weekly in groups of three with their learning specialist. There are also regular meetings between the specialist and class instructors. The student's academic advisor is kept informed of student progress.

Second Year

Students meet once each week on an individual basis with their learning specialist and they meet in small groups of eight to ten with their learning specialist.

The Division can authorize for tutorial services as a support service to Louisburg College Learning Partners. This service is subject to financial eligibility and comparable benefits. See Volume V – Notetaking and Tutorial – for fee information.

For additional program information contact:

Louisburg Learning Partners
501 N. Main Street
Louisburg, NC 27549
1-800-775-0208
[www.admissions@earthlink. Net](mailto:www.admissions@earthlink.Net)

North Carolina Division of Vocational Rehabilitation Prescription Narcotic Pain Medication Contract

1. The purpose for my using the medications is to make my pain more tolerable during the recovery process from physical impairments. Additionally, these medicines are used to help me be more functional in being able to participate in my vocational rehabilitation program and secure suitable employment. VR authorization of these medications will be for the quantity indicated on the prescription not to exceed a supply covering 60 days (the equivalent of a prescription for a one month and one refill)
2. I understand that these medications have very strong addictive potentials. There is potential for being overdosed if not taken as instructed by my physician. I am to take these medications exactly as prescribed by my physician.
3. I understand that if my tolerance for these medications becomes too great that my physician may put me on a drug holiday (that is, taken off these medications) so that my body can readjust to function at a much lower level or no drug level.
4. I will obtain these medications only from the treating physician identified in my rehabilitation plan (IPE). I will not seek these medicines from any other physicians. I will make other treating physicians aware of my Prescription Narcotic Pain Medication Contract with NC DVR.
5. I must notify my rehabilitation counselor in advance of needing authorization of a refill.
6. There will not be replacement of medications that are lost, stolen, damaged, destroyed, thrown away, etc. I will store these medicines in a safe place away from children.
7. I will tell my treating physician and rehabilitation counselor if I am getting these medicines from any other physicians.
8. If I do not follow the guidelines in this contract, I will no longer receive assistance from NC DVR in the purchase of medications.

Client Signature

Date

Witness

PUR

Instructions for Program Utilization Report Community Rehabilitation Programs

The Service Reporting System is the information collection and reporting system by which Community Rehabilitation Programs (CRPs) provide information to the State Division regarding services to clients. The report is completed by CRPs, which have entered into an Outcome-Based Performance (OBP) Client Services and Reimbursement Agreement with the Division, and Liaison Counselors in the Unit Offices. The Unit Office creates an on-line authorization to initiate services, each time there is a change in service for a client, or when the authorization time period is exceeded. The CRP completes the data entry for each client served that month and forwards the report electronically to the Unit Office Liaison Counselor by the **fifth working day of the month**. The program Liaison Counselor is responsible for verifying accuracy of the report, approving the report, and assuring that the report is forwarded to the state office by the **seventh working day of the month**.

The PUR On-Line System lists those clients served the previous month in alphabetical sequence. The PUR On-Line System is composed of five categories:

- A. PUR/SUR ON-LINE SERVICE REPORTING
SYSTEM MAIN MENU**
- B. PUR DEMOGRAPHICS**
- C. PUR INQUIRY BY CRP**
- D. PUR SERVICE DATA**
- E. PUR AUTHORIZATION**

*****A. PUR/SUR ON-LINE SERVICE
REPORTING SYSTEM MAIN MENU*****

GENERAL FUNCTIONS

- 01 PUR Authorization Inquiry
- 02 PUR Inquiry by Client
- 03 SUR Authorization by Client
- 04 SUR Inquiry by Client
- 05 CRP Activity Inquiry
- 06 Select Client by Name
- 07 PUR Demographics
- 08 SUR Demographics

CRP FUNCTIONS

- 09 PUR Entry
- 10 SUR Entry

UNIT OFFICE FUNCTIONS

- 11 PUR Authorization
Maintenance
- 12 PUR Approval
- 13 SUR Authorization
Maintenance
- 14 SUR Approval

STATE OFFICE FUNCTIONS

- 15 PUR Service Maintenance
- 16 PUR Status by CRP
- 17 SUR Service Maintenance
- 18 SUR Status by CRP
- 19 Security
- 20 PUR Inquiry by CRP
- 21 SUR Inquiry by CRP
- 22 System Codes

When accessing the PUR/SUR On-Line System, the main menu will show PUR & SUR function numbers.

ENTER FUNCTION NUMBER – Enter the two-digit number above that you wish to display.

*****A. PUR/SUR ON-LINE SERVICE REPORTING
SYSTEM MAIN MENU***Continued DEFINITIONS
OF THE ABOVE MAIN MENU**

GENERAL FUNCTIONS

- 01 PUR AUTH INQUIRY – View all PUR authorizations for a particular client.
- 02 PUR INQUIRY BY CLIENT – View monthly PUR service data for a particular client.
- 03 SUR AUTH INQUIRY – View all SUR authorizations for a particular client.
- 04 SUR INQUIRY BY CLIENT – View monthly SUR service data for a particular client.
- 05 CRP ACTIVITY INQUIRY – Display CRP monthly data.
- 06 SELECT CLIENT BY NAME – Select client by name when VR number is not known.
- 07 PUR DEMOGRAPHICS – View CRP information, to include CRP number, vendor number, mailing address, phone number, name of liaison counselor/CRP contact personnel, hours open per day.
- 08 SUR DEMOGRAPHICS – View CRP information, to include CRP number, vendor number, mailing address, phone number, name of liaison counselor/CRP contact personnel.

CRP FUNCTIONS

- 09 PUR ENTRY – Enter monthly CRP data (number of days open, dates closed, etc.) and enter monthly data for individual clients in evaluation and work adjustment and enter transportation for VR client.
- 10 SUR ENTRY – Enter monthly CRP data and enter monthly data for individual clients in evaluation and intensive training.

UNIT OFFICE FUNCTIONS

- 11 PUR AUTH MAINT – Add, change or delete PUR authorizations.
- 12 PUR APPROVAL – Liaison counselor review/approve monthly PUR reports.
- 13 SUR AUTH MAINT – Add, change or delete SUR authorizations.
- 14 SUR APPROVAL – Liaison counselor review/approve monthly SUR reports.

STATE OFFICE FUNCTIONS

- 15 PUR SERVICE MAINT – Used by the state office to add, change, or delete monthly services data for clients in evaluation and work adjustment.
- 16 PUR STATUS BY CRP – View list of CRPs involved in PUR whether data is at the CRP, liaison, or state office.
- 17 SUR SERVICE MAINT – Used by the state office to add, change, or delete monthly service data for clients in evaluation and intensive training.
- 18 SUR STATUS BY CRP – View list of CRPs involved in SUR whether data is at the CRP, liaison, or state office.
- 19 SECURITY – Used by the state office to set access authority to individual menu items shown above for individual users as appropriate and approved by management.
- 20 PUR INQUIRY BY CRP – Shows what a particular CRP reported for PUR for a particular month and year, including client detail. Cannot be modified from here.
- 21 SUR INQUIRY BY CRP – Shows what a particular CRP reported for SUR for a particular month and year, including client details. Cannot be modified from here.
- 22 SYSTEM CODE – This is the screen to enter new validation codes for PUR/SUR.

*****B. PUR DEMOGRAPHICS*****
(State Office Access Only)

CRP NUMBER – Three-digit code assigned to the CRP for identification purposes.

PROGRAM NAME, ADDRESS, CITY, & ZIP – Self Explanatory.

CRP CONTACT – This is the CRP contact personnel that inputs the PUR data.

CRP CONTACT TELEPHONE NUMBER – Self Explanatory.

VENDOR NUMBER – Eight-digit code assigned to the CRP for payment purposes.

RCC NUMBER – Four-digit code assigned to the CRP for payment purposes.

CRP SPECIALIST – Three-digit code assigned to the Regional CRP Specialist for identification purposes.

DISTRICT – Two-digit code to identify the district in which the CRP is located

LIAISON COUNSELOR – Name of the unit office liaison counselor that verifies accuracy of the report, approves, & forwards the report to the state office.

LIAISON COUNSELOR'S TELEPHONE NUMBER – Self-Explanatory.

HOURS OPEN PER DAY – Hours the CRP is open for client services (must be reported in whole or half hours).

CRP STATUS – Enter “A” for Active or “I” for Inactive.

INACTIVE DATE – The two-digit month, day, & year the CRP became inactive.

*****C. PUR INQUIRY BY CRP*****
(CRP Access Screen to Enter Data)

CRP NUMBER – Three-digit code assigned to the CRP.

MONTH – Two-digit month reporting.

YEAR – Four-digit year reporting.

NUMBER OF DAYS OPEN – The actual number of days the CRP was open for client services using two-digit number method. DO NOT include holidays; staff work days, or other days clients were NOT in attendance.

DATES CLOSED – The dates (01-31) the CRP was closed for client services using two-digit number method. Include weekends, holidays, staff work days, and all other dates clients were not in attendance.

AVERAGE DAILY CLIENTS – The AVERAGE daily number of clients in ADVP, in SHELTERED EMPLOYMENT, and in OTHER CATEGORIES. Divide the total client days for the month in each of these categories by the number of days open for the month (round to the next whole number).

ACTUAL NUMBER TRANSPORTATION – The actual number of round trips for ADVP, SHELTERED EMPLOYMENT, and OTHER CATEGORIES (One-way trip is .5).

ACTUAL NUMBER ROOMS – The actual number of clients receiving room services who were ADVP, SHELTERED EMPLOYMENT, OTHER.

*****D. PUR SERVICE DATA*****
(CRP Access Screen to Enter Data)

VR NUMBER – The seven-digit VR number assigned to the client by the system.

NAME – Client's name (First, MI, Last).

CURRENT CASELOAD – The four-digit code assigned to the VR counselor.

CURRENT STATUS – The two-digit code assigned to determine the current status of the client. The VR client status codes are as follows:

- 02 Applicant
- 04 Pre-service listing (to be used only when the Division has implemented the Order of Selection policy)
- 08 Outcome from applicant status
- 10 Eligibility determined and Individual Plan for Employment development
- 12 IPE implemented
- 26 Outcome after IPE successfully completed
- 28 Outcome for other reasons after IPE signed by client
- 30 Outcome for other reasons after eligibility determination but prior to client signature on the IPE
- 32 Post employment services
- 34 Post-Employment Services completed
- 38 Outcome from case status code 04 (to be use only when the Division has implemented the Order of Selection policy)

R1B DATE – The two-digit month, day, and year of the client's effective status code.

TELEPHONE & CONTACT – Leave blank (N/A)

ACT – This stands for "ACTION." Enter an "A" for Add "C" for Change "D" for Delete (These are the only actions permitted for inputting data).

REPORTING DATE – Four-digit month & year.

CRP NUMBER – Three-digit code assigned to the CRP.

ATTENDANCE CODE – The two-digit code to help identify the client. The attendance codes are as follows:

- 01 Non-Student attending program full-time
- 02 Non-Student attending program part-time.
- 03 School Student attending program full-time.
- 04 School Student attending program part-time.
- 50 Special No Cost Program.

D. PUR SERVICE DATAContinued

---EVALUATION---

BEGIN DATE – The date the client’s vocational evaluation services began using the two-digit code method.

DAYS PRESENT – The number of full days (**round up** to the next whole number if half days) the client received vocational evaluation services for the reporting month using the two-digit code method. If part-time, enter the number of hours, which will be transposed into full days by the system.

DAYS ABSENT - The number of full days (**round down** to the next whole number if half days) the client was scheduled to receive vocational evaluation services and did not for the reporting month using the two-digit code method. If part-time, enter the number of hours, which will be transposed into full days by the system.

END DATE - The date the client’s vocational evaluation services ended using the two-digit code method.

----ADJUSTMENT----

BEGIN DATE – The date the client’s vocational work adjustment services, which also includes work adjustment job coaching services, began using the two-digit code method. NOTE: If receiving work adjustment job coaching services ONLY, this is a part of work adjustment services and still requires a begin date.

DAYS PRESENT – The number of full days (**round up** to the next whole number if half days) the client received vocational work adjustment, which also includes work adjustment job coaching services for the reporting month using the two-digit code method. If part-time, enter the number of hours, which will be transposed into full days by the system. NOTE: If receiving work adjustment job coaching services ONLY, this is a part of work adjustment services and still requires days present in work adjustment in order for hours to be reported under work adjustment job coaching services. **DAYS ABSENT** - The number of full days (**round down** to the previous whole number if half days) the client was scheduled to receive vocational work adjustment services and did not receive services for the reporting month using the two-digit code method. If part-time, enter the number of hours, which will be transposed into full days by the system.

END DATE - The date the client’s vocational work adjustment services and/or work adjustment job coaching services ended using the two-digit code method.

*****D. PUR SERVICE DATA***Continued**

----JOB COACHING SERVICES----

JOB DEVELOPMENT/JOB PLACEMENT – The number of hours the client received work adjustment job coaching services. NOTE: In order to report work adjustment job coaching hours, work adjustment days present must be reported as well.

TRAINING - The number of hours the client received work adjustment training services (on-site with the job coach present). NOTE: In order to report work adjustment training hours, work adjustment days present must be reported as well.

TRANSPORTATION DAYS – The number of round trips (round up) the client received transportation using the two-digit code method (one-way is .5).

ROOM DAYS – The number of days the client received room services.

TERMINATION CODE – The two-digit code to help identify the reason the client left the program. The termination codes are as follows (01-05 are Payable Major Benefit Outcomes):

- 01 Placed, Competitive Employment
- 02 Placed, Sheltered Employment
- 03 Left Program for On-Job Training
- 04 Left Program for Other Training (Academic or Vocational) – Not used for clients transferring to another program.
- 05 Left Program Ready for Employment
- 06 Left Program for Supported Employment (SE)
- 07 Left Program for Other Transitional Employment Program
- 21 Left to Become Homemaker or Unpaid Family Worker
- 22 Transferred to Special No Cost Program or Other Non-State Operated Program
- 24 Evaluation Completed, Other Non-Program Services Planned
- 41 Entered State-Operated Institution
- 42 Placed ADVP
- 43 Entered or Re-Entered Public School
- 44 Dropped Out, Refused Services
- 45 Dropped Out, Illness
- 46 Dropped Out, Death
- 47 Dropped Out, Moved
- 48 Expelled
- 49 Left for Other Reasons
- 51 ADVP Waiting List
- 52 Excessive Absences

*****E. PUR AUTHORIZATION*****
(Unit Office Liaison Access Screen to Enter R2)

VR NUMBER – Seven-digit VR number assigned to the client by the system.

NAME – Client's name (First, MI, Last).

CRP NUMBER – Three-digit code assigned to the CRP.

ATTENDANCE CODE – The two-digit code to help identify the client. The attendance codes are as follows:

- 01 Non-Student attending program full-time
- 02 Non-Student attending program part-time.
- 03 School Student attending program full-time.
- 04 School Student attending program part-time.
- 50 Special No Cost Program.

---SERVICES---

EVALUATION – Enter an "X" if the client is being authorized for vocational evaluation services. **ADJUSTMENT** – Enter an "X" if the client is being authorized for vocational work adjustment services.

JOB COACHING – Enter an "X" if the client is being authorized for vocational work adjustment job coaching services.

TRANSPORTATION – Enter an "X" if the client is being authorized for transportation services. **ROOM** – Enter an "X" if the client is being authorized to receive room services.

BEGIN DATE – The first date the client will be authorized to receive vocational evaluation, work adjustment services, OR work adjustment job coaching services using the two-digit month, date, year code method.

END DATE - The last date the client will be authorized to receive vocational evaluation, work adjustment services, OR work adjustment job coaching services using the two-digit month, date, year code method.

*****E. PUR AUTHORIZATION***Continued**

TERMINATION CODE - The two-digit code to help identify the reason the client left the program. The termination codes are as follows (01-05 are Payable Major Benefit Outcomes):

- 01 Placed, Competitive Employment
- 02 Placed, Sheltered Employment
- 03 Left Program for On-Job Training
- 04 Left Program for Other Training (Academic or Vocational) – Not used for clients transferring to another program
- 05 Left Program Ready for Employment
- 06 Left Program for Supported Employment (SE)
- 07 Left Program for Other Transitional Employment Program
- 21 Left to Become Homemaker or Unpaid Family Worker
- 22 Transferred to Special No Cost Program or Other Non-State Operated Program
- 24 Evaluation Completed, Other Non-Program Services Planned
- 41 Entered State-Operated Institution
- 42 Placed ADVP
- 43 Entered or Re-Entered Public School
- 44 Dropped Out, Refused Services
- 45 Dropped Out, Illness
- 46 Dropped Out, Death
- 47 Dropped Out, Moved
- 48 Expelled
- 49 Left for Other Reasons
- 51 ADVP Waiting List
- 52 Excessive Absences

See the THREE possible combinations for PARTIAL NEEDS AMOUNT and NON NEEDS AMOUNT that can be documented:

	<u>PART NEEDS AMT</u>	<u>NEEDS</u>	<u>AMT</u>
VR IS PAYING ALL	000		BLANK
CLIENT IS PAYING PART	AMOUNT		BLANK
CLIENT IS PAYING ALL	000		X

PARTIAL NEEDS AMOUNT – The maximum amount per month agreed to be paid by the client. **NON-NEEDS AMOUNT** – If “X,” the client agrees to pay all.

COUNSELOR – Three-digit code assigned to the counselor.

CASELOAD – Four-digit code assigned to that particular position.

****FOR MORE INFORMATION AND INSTRUCTIONS, PLUS DISPLAY OF THE SCREENS IN WHICH TO ENTER THIS DATA, PLEASE REFER TO THE COMMUNITY REHABILITATION PROGRAM ON-LINE SERVICE REPORTING SYSTEM USER MANUAL.

Referral - Script

The following script shall be used when introducing any potential applicants to the VR/IL process. Office staff responsible for providing phone coverage should become familiar with and use the script when potential applicants call or present in person. This language needs to be used in any written materials that are made available to the public in explaining our referral process, including letters to parents of students.

In order to become an applicant for services with the NC Division of Vocational Rehabilitation, you must be available to participate in assessments for purposes of determining your eligibility, rehabilitation needs and services. Individuals in the following circumstances are not considered available for participation in services:

- 1. Have outstanding warrants for arrest and/or pending charges that would prevent the individual from participating in a program of vocational rehabilitation services.*
- 2. Cannot/or are unwilling to attend appointments and evaluations.*
- 3. Are unwilling to participate in essential disability related treatment that will enable an individual to benefit from Division services in terms of an employment outcome.*

As a division of North Carolina state government, Vocational Rehabilitation is required to comply with any orders on file from the NC Department of Justice for reporting individuals having outstanding warrants to the appropriate authorities. A criminal check is done on all referrals before they come to a VR office. Please take this into account when you make a decision to come to our office.

In order to maintain a safe and supportive environment for our staff and consumers, we ask that you comply with the Division's Code of Conduct which is posted in all unit offices and printed in your application materials.

Rehabilitation Counselor II (RCII) Process

Revised 05/15/2011

POLICY:

In recognition and support of Rehabilitation Counseling as a profession and the Counselor as a professional, the Division encourages and expects Rehabilitation Counselors to develop the capacity to function with considerable independence in the areas of casework, service delivery and decision making. The role of the Counselor is of utmost importance in assuring that individuals with disabilities receive the services necessary to achieve independence and/or vocational outcomes. Other staff provides consultation and support for the Counselor in achieving these goals. The Division delegates the responsibility for caseload management and service delivery from the Director to the Regional Director and from the Regional Director to the Unit Manager/Facility Director. Further delegation is based on performance-based criteria. The Agency has adopted a Rehabilitation Counselor II classification for qualified personnel who successfully complete the processes described in this policy. Reallocation to Rehabilitation Counselor II is based upon the outcome of a comprehensive casework review.

PREREQUISITES

Individuals being considered for reallocation to Rehabilitation Counselor II will have demonstrated proficiency in the areas of service delivery; productivity; caseload management; timely decision making; client advocacy; community, vendor, and staff relations; time and budget management. The Unit Manager/Facility Director and Quality Development Specialist are responsible for assuring the Agency that the individual meets these expectations through regularly conducted case record reviews and performance evaluations.

1. Counselors must have completed the following external education requirements and be classified as a Rehabilitation Counselor I.
 - (a) Master's Degree in Rehabilitation Counseling or Counseling; or
 - (b) Master's Degree in a closely related Human Services Field; or
 - (c) Current certification as a Certified Rehabilitation Counselor (CRC) by The Commission on Rehabilitation Counselor Certification
2. In addition to the external educational requirements counselors will have:
 - (a) Successfully completed the agency's Casework Orientation and Skills Training (COAST) with an average score of 80% as certified by the Quality Development Specialist; and
 - (b) Twelve months Rehabilitation Counseling experience with the agency. *(Note: Trainee experience is creditable as Rehabilitation*

Counseling, however; a promotion directly from Rehabilitation Counselor Trainee to Rehabilitation Counselor II is not permissible).

- (c) An overall performance rating of GOOD or better on his/her work plan under the agency's Performance Management Program; **and**
- (d) A favorable recommendation of the Unit Manager/Facility Director.

3. When a Rehabilitation Counselor II leaves the agency for twelve months or longer and is reinstated, reinstatement will occur as a Rehabilitation Counselor I. After a minimum of 6 months, the Unit Manager will determine the Counselor's readiness for the Rehabilitation Counselor II process. The individual, at the discretion of the Regional Director, may have to complete COAST training before applying. Factors to be considered will be the length of time since COAST training was last completed and the length of time the individual has been out of the agency. Any exception must be approved by the Human Resources Director (example – an employee who has been on extended military leave).

PROCESS FOR REHABILITATION COUNSELOR II

Application for Rehabilitation Counselor II shall not be initiated until all prerequisites are met.

1. The Unit Manager will assess the overall readiness of the Rehabilitation Counselor I for the RC II Process and will recommend when the RC I should apply for the RC II Process. The Unit Manager will assure that the Counselor has participated in at least one developmental case review prior to requesting the RC II process to begin. The Quality Development Specialist will prepare a written report of his/her findings for the Unit Manager and Regional Director to consider in making their decision.
2. The Unit Manager/Facility Director will conduct an overall performance evaluation using a Special PMP. The narrative will include: The employee's understanding of the Rehabilitation Counselor role and the Division's mission, the disability served, and work responsibilities (use of policy and procedures, communication, relationships with consumers and community resources, use of comparable benefits, job development/placement, budget management, and others).
3. The Unit Manager/Facility Director will provide a copy of the Special PMP to the Regional Director.

4. The Regional Director will approve or deny the application within 30 days of receipt.

If approved, the Counselor will be granted temporary independent status. Temporary independent status allows the Counselor to function independently during the Rehabilitation Counselor II process. (If the Counselor fails the Rehabilitation Counselor II Process, the Regional Director will withdraw independent status, and the Unit Manager will change the Counselor's role in the Division's case management database.

Upon granting temporary independent status, the Regional Director will then appoint a minimum of two Quality Development Specialists to conduct the Rehabilitation Counselor II review.

REHABILITATION COUNSELOR II PROCESS

The Rehabilitation Counselor II Process consists of a casework review that evaluates the Counselor's application of casework policy and procedure, service delivery, and decision making. The entire process, which begins with the Regional Director's letter granting temporary independent status, must be completed within eighteen (18) months. Should the Counselor fail the casework review, the Unit Manager/Facility Director, with input from the Quality Development Specialist, will prepare a written plan outlining objectives, timeframes, and evaluation criteria designed to improve the Counselor's proficiency. The Unit Manager will also complete a special PMP review to document deficit areas from the casework review and will incorporate the deficit areas into an improvement plan.

CASEWORK REVIEW

This is a review of a minimum of 20 records of service from the Rehabilitation Counselor's caseload. The purpose of this review is to evaluate the Counselor's application of agency policy and procedure, the Counselor's decision-making ability, caseload management skills, service delivery, and service delivery documentation. The casework review may occur anytime after 90 days of temporary independent status, provided that the Unit Manager has determined that sufficient casework activity for the Quality Development Specialist to evaluate has been carried out by the Counselor during the temporary independent status.

The Quality Development Specialists conduct the casework review utilizing the standard case review form. This form assesses cases in terms of compliance to key casework policy and procedural items, and quality of service delivery as reflected in the client record. The only errors that will count are those made during the temporary independent status period. In scoring the casework

review, the review items are structured in a weighted scoring system so that the most critical items, such as eligibility, carry the greatest weight. This system contains three levels of errors which are defined in the attached document to this policy. The Counselor will be deemed to have failed the casework review if any of the following is found:

- **LEVEL ONE: Two or more errors on eligibility result in failure.**
- **LEVEL TWO:** Three or more errors in the same item or a total of nine or more errors in different items results in failure.
- **LEVEL THREE:** Six or more errors in the same item results in failure.
NOTE: IN THE OVERALL SCORING OF THE CASEWORK REVIEW, TWO (2) LEVEL THREE ERRORS EQUATE TO ONE (1) LEVEL TWO ERROR.
- A combination of errors from level two and level three constituting a total of nine or more errors in different items

If the Counselor fails the casework review, the process stops.

A second casework review may be conducted (see below).

SECOND CASEWORK REVIEW

After assuring the deficiencies have been corrected, the Unit Manager will assess the readiness of the RC I to return to the RC II Process. The Regional Director grants temporary independent status via a letter to the Counselor with copies to the Unit Manager and Quality Development Specialist. Anytime after 60 days of reinstatement, the Quality Development Specialist conducts a second casework review of a minimum 20 cases. The Quality Development Specialist examines the Counselor's Master List to ensure that the casework selected for the RC II review is generated during the period of temporary independent status. Any errors reported are those made during the period of temporary independent status. The system of scoring for the second review remains the same as that of the initial case review.

DECISION AND NOTIFICATION OF PASS/FAIL

The Quality Development Specialist reports the results of the casework review to the Unit Manager who submits the final recommendation of pass/fail, along with supporting documentation, to the Regional Director. Upon receipt of this information, the Regional Director has 30 days to review the recommendation, make a final decision of pass/fail and provide the counselor written notification of the decision. In the event of any question or discrepancy in the decision or supporting documentation, the Regional Director will make a final decision in consultation with the Chief of Policy and Casework Operations.

Revised 05/15/2011

Substance Abuse

When obtaining an evaluation for alcohol or drug abuse in the determination of eligibility for services and rehab needs, Counselors should utilize Psychologists, Licensed Psychological Associates, Psychiatrists, or Physicians who are certified in the area of substance abuse or affiliated with a licensed alcohol and/or drug treatment program, or Licensed Clinical Addictions Specialists (LCAS).^{*} Evaluations from public or private treatment programs may be utilized if the evaluations are carried out or supervised by one or more of these specialties. Counselors should assure the evaluative data is current enough to establish the existence of an impairment that results in impediments to employment. The evaluation should include:

- A history of the disorder including a detailed description of the nature and severity of the addiction; response to previous treatment efforts if attempted or completed: evidence that the individual has accepted the reality of the addiction and is willing to take responsibility for ongoing treatment and/or support programs as recommended.
- Recommendations as to treatment (inpatient or outpatient) and/or community support systems necessary to ensure continued recovery.

***Note:** Staff of the Division having any of the above credentials are prohibited from diagnosing and providing treatment to individuals served by the Division of Vocational Rehabilitation Services. For questions about secondary employment contact the Human Resources Section of NC DVR.

Supported Employment Definitions

Enclave Model - The enclave model is broadly defined as "... a maximum of eight (8) individuals with disabilities who are working with special training and job supports within a normal business or industry" (Rhodes and Valenta). Within the enclave, payment for work performed is commensurate with pay to others within the host company involved in the same type and amount of work. This model is also known as workstations and is most suited to individuals who need continued daily support.

Entrepreneurial Model - This model takes advantage of local commercial opportunities to establish businesses employing a small number of individuals with the most severe disabilities as well as individuals without disabilities.

Job Coach Model - This model establishes employment opportunities for individuals on a one-person/one-job basis generally at or above the minimum wage level. The job coach may assist with job development/job matching along with the VR counselor. Training on-site is provided until industry criteria are met and then extended support services continue as long as such services are required.

Mobile Crew Model - A workcrew is a small group of workers moving about the community performing a specific service. Workers generally have a ratio of one supervisor to approximately five employees with disabilities. It should not exceed eight (8) employees with disabilities. Typically, the workers perform service jobs for organizations, businesses, and individual community members.

PsychoSocial Rehabilitation Program Clubhouse is a day/night facility, which provides skill development activities, educational services, and pre-vocational training and transitional employment services to individuals with chronic mental illness. Each facility is preferably organized around a separate and distinct community-based facility. Services are designed primarily to serve individuals who have impaired role functioning that adversely affects at least two of the following: employment, management of financial affairs, ability to procure needed public support services, appropriateness of social behavior, or activities of daily living. Assistance is also provided to members in organizing and developing their strengths and in establishing peer groups and community relationships.

Transitional employment may only be authorized for persons with chronic mental illness and is a temporary work experience with the provision of needed support, in a competitive environment in which the individual is paid for work performed and which is in an integrated setting. The job placement may not necessarily be a permanent employment outcome. In transitional employment, the provision of extended support services must include sequential job placement services until job permanency is achieved.

SUPPORTED EMPLOYMENT DEFINITIONS

Page 2

The following services are included under the intensive training phase category:

Client Program Development: Time spent developing appropriate instructional plans (task analyses, behavioral intervention programs, vocational goals, etc.).

CRT Training: Community resource training (CRT) involves time spent training clients to use community resources, teaching independent living skills, and instructing family members in appropriate areas.

Employment Advocacy Time: Time spent advocating for the client, only with persons at the employment site and only for purposes directly related to employment. These persons would include employers, co-workers, and customers. Activities reported here could include talking with an employer while the client is not at work.

Nonemployment Advocacy Time: Time spent advocating with persons NOT directly affiliated with the employment site. These persons would include parents, bus drivers, school personnel, landlords, case managers, bank personnel, etc.

On-Job-Site Training: Time spent training the client at the job site (includes anything that is done at the job site to help the client).

Preparation at Job Site: Time spent by the program staff to learn the job prior to the client's reporting to work.

SUR

Instructions for Supported Employment Program Utilization Report

The Service Reporting System is the mechanism by which Community Rehabilitation Programs (CRPs) and Supported Employment Programs (SEPs) provide information to the State Division regarding services to clients. The report is completed by CRPs, which have entered into an Outcome-Based Performance (OBP) Client Services and Reimbursement Agreement with the Division and liaison counselors in the unit offices. The unit office creates an on-line authorization to initiate services, each time there is a change in service for a client, or when the authorization time period is exceeded. The CRP completes the data entry for each client served that month and forwards the report electronically to the unit office liaison counselor by the **fifth working day of the month**. The program liaison counselor is responsible for verifying accuracy of the report, approving the report, and assuring that the report is forwarded to the state office by the **seventh working day of the month**.

The SUR On-Line System lists those clients served the previous month in alphabetical sequence. The SUR On-Line System is composed of four categories:

A. PUR/SUR ON-LINE SERVICE REPORTING SYSTEM MAIN MENU

B. SUR DEMOGRAPHICS

C. SUR SERVICE DATA

D. SUR AUTHORIZATION

****A. PUR/SUR ON-LINE SERVICE
REPORTING SYSTEM MAIN MENU*****

When accessing the PUR/SUR On-Line System, the main menu will show PUR & SUR function numbers.

GENERAL FUNCTIONS

- 01 PUR Authorization Inquiry
- 02 PUR Inquiry by Client
- 03 SUR Authorization by Client
- 04 SUR Inquiry by Client
- 05 CRP Activity Inquiry
- 06 Select Client by Name
- 07 PUR Demographics
- 08 SUR Demographics

CRP FUNCTIONS

- 09 PUR Entry
- 10 SUR Entry

UNIT OFFICE FUNCTIONS

- 11 PUR Authorization Maintenance
- 12 PUR Approval
- 13 SUR Authorization Maintenance
- 14 SUR Approval

STATE OFFICE FUNCTIONS

- 15 PUR Service Maintenance
- 16 PUR Status by CRP
- 17 SUR Service Maintenance
- 18 SUR Status by CRP
- 19 Security
- 20 PUR Inquiry by CRP
- 21 SUR Inquiry by CRP
- 22 System Codes

ENTER FUNCTION NUMBER – Enter the two-digit number above that you wish to display.

*****A. PUR/SUR ON-LINE SERVICE
REPORTING SYSTEM MAIN MENU***Continued
DEFINITIONS OF THE ABOVE MAIN MENU**

GENERAL FUNCTIONS

- 01 PUR AUTH INQUIRY – View all PUR authorizations for a particular client.
- 02 PUR INQUIRY BY CLIENT – View monthly PUR service data for a particular client.
- 03 SUR AUTH INQUIRY – View all SUR authorizations for a particular client.
- 04 SUR INQUIRY BY CLIENT – View monthly SUR service data for a particular client.
- 05 CRP ACTIVITY INQUIRY – Display CRP monthly data.
- 06 SELECT CLIENT BY NAME – Select client by name when VR number is not known.
- 07 PUR DEMOGRAPHICS – View CRP information, to include CRP number, vendor number, mailing address, phone number, name of liaison counselor/CRP contact personnel, hours open per day.
- 08 SUR DEMOGRAPHICS – View CRP information, to include CRP number, vendor number, mailing address, phone number, name of liaison counselor/CRP contact personnel.

CRP FUNCTIONS

- 09 PUR ENTRY – Enter monthly CRP data (number of days open, dates closed, etc.) and enter monthly data for individual clients in evaluation and work adjustment and enter transportation for VR client.
- 10 SUR ENTRY - Enter monthly CRP data and enter monthly data for individual clients in evaluation and intensive training.

UNIT OFFICE FUNCTIONS

- 11 PUR AUTH MAINT – Add, change or delete PUR authorizations.
- 12 PUR APPROVAL – Liaison counselor review/approve monthly PUR reports.
- 13 SUR AUTH MAINT – Add, change or delete SUR authorizations.
- 14 SUR APPROVAL – Liaison counselor review/approve monthly SUR reports.

STATE OFFICE FUNCTIONS

- 15 PUR SERVICE MAINT – Used by the state office to add, change, or delete monthly services data for clients in evaluation and work adjustment.
- 16 PUR STATUS BY CRP – View list of CRPs involved in PUR whether data is at the CRP, liaison, or state office.
- 17 SUR SERVICE MAINT - Used by the state office to add, change, or delete monthly service data for clients in evaluation and intensive training.
- 18 SUR STATUS BY CRP – View list of CRPs involved in SUR whether data is at the CRP, liaison, or state office.
- 19 SECURITY – Used by the state office to set access authority to individual menu items shown above for individual users as appropriate and approved by management.
- 20 PUR INQUIRY BY CRP – Shows what a particular CRP reported for PUR for a particular month and year, including client detail. Cannot be modified from here.
- 21 SUR INQUIRY BY CRP – Shows what a particular CRP reported for SUR for a particular month and year, including client details. Cannot be modified from here.
- 22 SYSTEM CODE – This is the screen to enter new validation codes for PUR/SUR.

*****B. SUR DEMOGRAPHICS*****
(State Office Access Only)

CRP NUMBER – Three-digit code assigned to the CRP for identification purposes.

PROGRAM NAME, ADDRESS, CITY, & ZIP – Self-Explanatory.

CRP CONTACT – This is the CRP contact personnel that inputs the SUR data.

CRP CONTACT TELEPHONE NUMBER – Self-Explanatory.

VENDOR NUMBER – Eight-digit code assigned to the CRP for payment purposes.

RCC NUMBER – Four-digit code assigned to the CRP for payment purposes.

CRP SPECIALIST – Three-digit code assigned to the Regional CRP Specialist for identification purposes.

DISTRICT – Two-digit code to identify the district in which the CRP is located.

LIAISON COUNSELOR – Name of the unit office liaison counselor that verifies accuracy of the report, approves, & forwards the report to the state office.

LIAISON COUNSELOR'S TELEPHONE NUMBER – Self-Explanatory.

CRP STATUS – Enter “A” for Active or “I” for Inactive.

INACTIVE DATE – The two-digit month, day, & year the CRP became inactive.

*****C. SUR SERVICE DATA*****
(CRP Access Screen to Enter Data)

Clients repeating a service in the same month (Example: started Eval/JD on the 1st of the month, ended Eval/JD on the 6th, started Inten. Trng. on the 7th, ended Inten. Trng. on the 12th, repeated Eval/JD starting on the 13th, for the remainder of the month), should document data on two lines, instead of one line item.

VR NUMBER – The seven-digit VR number assigned to the client by the system.

NAME – Client's name (First, MI, Last).

CURRENT CASELOAD – The four-digit code assigned to the VR counselor.

CURRENT STATUS – The two-digit code assigned to determine the current status of the client.
The VR client status codes are as follows:

- 02 Applicant
- 04 Pre-service listing (to be used only when the Division has implemented the Order of Selection policy)
- 08 Outcome from applicant status
- 10 Eligibility determined and Individual Plan for Employment development
- 12 IPE implemented
- 26 Outcome after IPE successfully completed
- 28 Outcome for other reasons after IPE signed by client
- 30 Outcome for other reasons after eligibility determination but prior to client signature on the IPE
- 32 Post employment services
- 34 Post-Employment Services completed
- 38 Outcome from case status code 04 (to be use only when the Division has implemented the Order of Selection process)

R1B DATE – The two-digit month, day, and year of the client's effective status code.

TELEPHONE & CONTACT – Leave blank (N/A)

ACT – This stands for "ACTION." Enter an "A" for Add "C" for Change "D" for Delete (These are the only actions permitted for inputting data).

REPORTING DATE – Four-digit month & year.

CRP NUMBER – Three-digit code assigned to the CRP.

*****C. SUR SERVICE DATA***Continued**

ATTENDANCE CODE – The two-digit code to help identify the client. The attendance codes are as follows:

- | | |
|----|--|
| 01 | ADVP Sponsored |
| 02 | ADVP Eligible/Non-Sponsored |
| 03 | Psychosocial Clubhouse Model |
| 04 | Community Rehabilitation Program/Non-ADVP Eligible |
| 05 | School Student |
| 06 | Community Referral |
| 07 | Mental Health Community Referral |

----EVALUATION/JOB DEVELOPMENT---

BEGIN DATE – The date the client's supplemental evaluation services began using the two-digit code method.

HOURS – The number of hours the client received supplemental evaluation services for the reporting month.

END DATE - The date the client's supplemental evaluation services ended using the two-digit code method.

----INTENSIVE TRAINING---

BEGIN DATE – The date the client's intensive training services began using the two-digit code method. **HOURS** – The number of hours the client received intensive training services for the reporting month using the two-digit code method.

END DATE – The date the client's intensive training ended using the two-digit code method.

*****C. SUR SERVICE DATA***Continued**

TERMINATION CODE – The two-digit code to help identify the reason the client left the program. Payable termination codes are 01, 03, 04, and fs05. The termination codes are as follows (01 is the only termination code that is a Payable Major Benefit Outcome):

- 01 Terminated from Program. Employment Meets Supported Employment Criteria and Supported Employment Continues through Extended Services
- 02 Terminated from Program into Community Job. No Further Supported Employment Services are Planned
- 03 Terminated from Program into Sheltered Employment
- 04 Terminated from Program, Work Adjustment Services Planned
- 05 Terminated from Program, OJT Services Planned
- 06 Terminated from Program, Other Training Services Planned
- 07 Institution
- 08 Placed ADVP
- 09 Entered or Re-Entered Public School
- 10 Dropped Out, Refused Services
- 11 Dropped Out, Illness
- 12 Dropped Out, Death
- 13 Dropped Out, Moved
- 14 Expelled
- 15 Left for Other Reasons
- 16 ADVP Waiting List

*****D. SUR AUTHORIZATION*****
(Unit Office Liaison Access Screen to Enter R2)

Unit Office Liaison MUST enter in an authorization BEFORE the client will appear on the client list for the CRP to enter in the SUR service data. MUST enter an authorization for each specific service with a begin date and a projected end date.

VR NUMBER – Seven-digit VR number assigned to the client by the system.

NAME – Client's name (First, MI, Last).

VR NUMBER – Seven-digit code assigned to the client.

ATTENDANCE CODE – The two-digit code to help identify the client. The attendance codes are as follows:

- 01 ADVP Sponsored
- 02 ADVP Eligible/Non-Sponsored
- 03 Psychosocial Clubhouse Model
- 04 Community Rehabilitation Program/Non-ADVP Eligible
- 05 School Student
- 06 Community Referral
- 07 Mental Health Community Referral

----SERVICES---

SUPPLEMENTAL EVALUATION/JOB DEVELOPMENT – Enter an “X” if the client is being authorized for supplemental evaluation/job development services.

INTENSIVE TRAINING – Enter an “X” if the client is being authorized for intensive training services. **BEGIN DATE** – The first date the client will be authorized to receive supplemental evaluation/job development OR intensive training services using the two-digit month, date, year code method.

END DATE - The last date the client will be authorized to receive supplemental evaluation/job development OR intensive training services using the two-digit month, date, year code method.

*****D. SUR AUTHORIZATION***Continued**

TERMINATION CODE – The two-digit code to help identify the reason the client left the program. The termination codes are as follows (01 is the only termination code that is a Payable Major Benefit Outcome):

- 01 Terminated from Program. Employment Meets Supported Employment Criteria and Supported Employment Continues through Extended Services.
- 02 Terminated from Program into Community Job. No Further Supported Employment Services are Planned.
- 03 Terminated from Program into Sheltered Employment
- 04 Terminated from Program, Work Adjustment Services Planned
- 05 Terminated from Program, OJT Services Planned
- 06 Terminated from Program, Other Training Services Planned
- 07 Institution
- 08 Placed ADVP
- 09 Entered or Re-Entered Public School
- 10 Dropped Out, Refused Services
- 11 Dropped Out, Illness
- 12 Dropped Out, Death
- 13 Dropped Out, Moved
- 14 Expelled
- 15 Left for Other Reasons
- 16 ADVP Waiting List

COUNSELOR – Three-digit code assigned to the counselor.

CASELOAD – Four-digit code assigned to that particular position.

******FOR MORE INFORMATION AND INSTRUCTIONS, PLUS DISPLAY OF THE SCREENS IN WHICH TO ENTER THIS DATA, PLEASE REFER TO THE COMMUNITY REHABILITATION PROGRAM ON-LINE SERVICE REPORTING SYSTEM USER MANUAL**

Revised 2-25-03

Ticket To Work (TTW)

- TTW is a voluntary employment program. It offers beneficiaries with disabilities receiving Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) increased choices in obtaining services and supports to engage in work and achieve their employment goals. The ultimate goal is to reduce reliance on Social Security disability benefits, increase self-sufficiency, and improve the quality of life for beneficiaries. North Carolina became a “ticket” state beginning November 1, 2003. The Social Security Administration issued new regulations for the Ticket to Work Program effective July 1, 2008 that provide significant improvements. These changes expand the choices available to Social Security beneficiaries with disabilities who want to enter or re-enter the workforce, and facilitate a wider array and better coordination of the services and supports available to beneficiaries. With increased support, a better payment plan, and incentives for partnering with State Vocational Rehabilitation (VR) agencies, the new regulations provide service providers and employers with increased opportunities to become Employment Networks (ENs) and start incorporating the Ticket into their business practices. Eligibility for the Ticket has been expanded to all adult beneficiaries ages 18 through 64. Prior to this, certain beneficiaries were not eligible to receive a Ticket prior to completion of their first Continuing Disability Review (CDR) because medical improvement was expected to occur. Consumers who are ticket holders can assign their ticket to any SSA approved Employment Network (EN) to receive services necessary to maintain or enter employment. In order for the consumer to make an informed choice on employment, discussions regarding the ticket and the impact of work on benefits should begin early in the process. If there is a benefits counselor available, a referral should be made as early as possible.
- Due to changes to the Federal Ticket to Work Legislation (effective July 1, 2008) the ticket assignment process is no longer necessary for DVRS. For VR, a copy of the current ticket to work is an appropriate method of verification for presumption of eligibility and for exempting the individual from the financial needs test.

INDEX

-A-

Absences (Community Rehabilitation Programs)	8-1
Academic Standards (Training)	2-20-7
Academic Support Services	2-4
Tutors	2-4-1
Notetakers	2-4-2
Acknowledgement/Equipment Security Agreement	
Equipment	2-5-1, 2-5-2
Vehicles	2-21-6
Active Records of Service (Retention/Disposal)	1-2-4
Acute Conditions	3-6-3, Appendix
ADA Officer	1-7
Adaptive Behavior Deficits	3-6-5, Appendix
ADD/ADHD	Appendix
Administrative Procedure Act	1-1-1
Administrative Review/Appeals Hearing	1-1-1, 1-4, 1-5
Adult Developmental Vocational Program (ADVP)	8-2
Referral from ADVP to VR	8-2-2
Referral from VR to ADVP	8-2-1
Supported Employment Programs for ADVP Clients	8-2-3
Advisory Committee on Rehabilitation Centers	1-1-1
Age (Nondiscrimination)	1-8-2
Agreement to Extend Eligibility Decision (DVR-0505)	3-1
Ambulance Services	2-21-5
Amendments	5-1-6
American Association on Intellectual and Developmental Disabilities (AAIDD)	3-6-5, Appendix
American Dental Association	1-11
Americans with Disabilities Act (ADA)	2-5-6, 2-6-2, 2-11-1
Anesthesia Invoices	1-11
Annual Review of Closed Records of Service	1-2-5
Annual Reviews	5-1-5
Annual Verification of Records of Service	1-2-6
Appeals Hearing	1-5, 1-4
Applicant (Definition)	3-4-1
Application Process	3-5
Approval by Unit Manager/Facility Director	1-20
Assignment of Reimbursement (Subrogation Rights)	1-18
Assistant Director for Fiscal Services	1-14
Assistant Director for Program Operations	1-1-1, 1-3-3, 1-3-4, 1-15-2
Assistant Regional Director	1-10, 1-15-1, 2-20-5

Assistive Devices/Equipment_____	2-5, 3-11-1
Assistive Listening Devices_____	2-5-5, Appendix
Assistive Technology Devices_____	2-17-2, 3-9-7
Assistive Technology Services_____	2-17-3
Audit, Federal_____	1-1-2
Auxiliary Aids and Services_____	Appendix
Available Equipment List_____	1-10

-B-

Blind and Visually Impaired_____	Appendix
Borderline Intellectual Functioning_____	Appendix
Braille Training_____	2-6

-C-

Case Notes_____	1-2-4, 1-3-2, 2-2, 5-1-3
Caramore Community, Inc_____	Appendix
Case Service Accounting (State Office)_____	1-11, 2-18-1
Case Service Authorizations_____	1-17, 2-12, 2-18
Invoice Processing_____	1-11
Attendant Care/Personal Assistance Service.	
Duplicate	
Housing and Transportation Modification	
Housing Placement and Assistance	
Maintenance	
Medical	
On-The-Job	
Other Services	
Equipment (Placement and Training)	
Imprest Cash Fund	
Personal Needs	
Supported Employment	
Pharmacy	
Social and Recreational Service	
Technological Aids and Devices	
Transportation	
Tuition, Fees, Books and Supplies	
Case Status Codes and Definitions_____	3-4
IL Program_____	3-4-1
VR Program_____	3-4-2
Certification Requirements (Interpreters)_____	2-6-2
Children's Special Health Services (Comparable Benefits)_____	3-11-3
Chiropractic Services (Physical Restoration)_____	2-16-7
Chronic Dental Caries_____	Appendix

Chronic Fatigue Syndrome (CFS)	Appendix
Chronic Fatigue Syndrome (Medical Consultation)	1-16
Chronic Pain (Medical Consultation)	1-16, Appendix
Civil Rights Compliance (Vendor Review and Certification)	1-15-1, 2-6-1
Client (and Applicant) Appeals of Agency Decision	1-5
Client Assistance Program (CAP)	1-1-1, 1-4, 1-5, 6-2, 6-4-2, 6-5-2, 6-6-2
Client Information Form (CIF)	9-2-1
Evaluation, Work Adjustment, Work Adjustment Job Coaching	8-4
Supported Employment CIF	8-5
Client Information (Request for)	1-3-2
Client Master List	1-2-4, 1-2-6
Client/Participant Informed Choice	1-21
Client Signatures	1-13
Clients Closed As Ineligible Due to Unfavorable Medical Prognosis or Disability Too Severe	1-2-5
Closed Records of Service (Retention/Disposal)	1-2-4
College and University Training	2-20-3
Communication Services	2-6
Foreign Language	2-6-1
Sign Language	2-6-2
Community Based Assessment	2-20-15, 2-23-3
Community Based Assessment Provided Directly by VR Staff	2-23-4
Community Based Assessment for Transition Services	2-23-5
Community Based Assessment for Transition Statewide Budget 1299	2-23-5
Community Rehabilitation Programs	Chapter 8, 1-15-17, 2-23-1, 2-5-2
Comparable Benefits	1-11, 3-11-3
Comprehensive Assessment (VR)	Chapter 4
Record of Service Documentation	4-2-1
Concurrent Records of Service - VR/IL	1-12
Confidential Information - Release with Client Consent	1-3-3
Confidential Information - Release without Client Consent	1-3-4
Confidentiality of Records	1-3
General Provisions	1-3-1
Consent for the Release of Confidential Information	2-11-1
Consultation, Medical	1-16
Consumer and Advocacy Groups	1-1-1
Correspondence Training	2-20-1
Counseling and Guidance	2-7
Counselor Advisory Committee	1-1-1
CPT Code (Invoice Processing)	1-11

-D-

Day Care_____	2-8
Day Care (Vendor Review and Certification)_____	1-15-6
Deaf Student Programs_____	2-20-16
Dental Impairments_____	Appendix
Dental Invoices_____	1-11
Dental Services (Physical Restoration)_____	2-16-10, Appendix
Determination of Impairments_____	3-6
Determination of Impediments (VR)_____	3-9-2
Development of the IPE_____	5-2
Anticipated Services Following Successful Outcome_____	5-2-5
IEP/ITP Coordination_____	5-2-7
I Expect to Achieve My Job Choice By_____	5-2-2
Integrated Setting and Informed Choice_____	5-2-6
My Job Choice_____	5-2-1
Responsibilities_____	5-2-4
Services_____	5-2-3
Supported Employment_____	5-2-8
Director, Client Assistance Program_____	1-1-1, 1-4, 1-5
Disability Determination Section (SSA)_____	1-3-2
Disability Group (Nondiscrimination)_____	1-8-1
Disposal of Equipment_____	1-10-3
Division Director_____	1-1-1, 3-10-2
Division of Purchase and Contract_____	2-18
Division of Services for the Blind (DSB)_____	Appendix
Division of Services for the Deaf and Hard of Hearing (DDHH)_____	2-20-16
DMV Review_____	2-18
Driver's Evaluation and Training_____	2-9
Drugs and Medical Supplies (Prescription and Non-Prescription) (Physical Restoration)_____	2-16-9
DSM_____	3-6-5
Dual Employment_____	1-11
Duplicate Invoices_____	1-11
Durable Medical Equipment_____	2-5-3

-E-

Easily Ameliorated Disability_____	3-9-4
Educational Grants (Comparable Benefits)_____	3-11, 3-11-3
Eligibility	
Criteria (Independent Living)_____	3-7-1
Requirements (Vocational Rehabilitation)_____	3-9-1
Eligibility Decision	
Independent Living_____	3-7-5

Vocational Rehabilitation_____	3-9-6
Eligibility for Independent Living_____	3-7
Eligibility for Vocational Rehabilitation_____	3-9
Emotional Impairments_____	3-2
Employment Marketing Skills (Job Seeking Skills) Training_____	2-20-14
Extreme Medical Risk_____	3-11-3
Eyeglass Invoice (Form DVR 0199)_____	1-11
Eyeglass Invoices_____	1-11

-F-

Facility Director_____	1-20
Fair Labor Standards Act_____	2-20-12
Failure to Cooperate (FTC)_____	1-6-1
Federal and State Rules of Civil Procedure_____	1-3-5
Federal Legislation_____	1-1
Financial Need and Client Resources_____	3-11
SSI & SSDI Recipients_____	3-11-2
Financial Statement (Form DVR-0116)_____	3-11-1
Firearms_____	2-5-1
Focus Groups_____	1-1-1
Foreign Language (Communication Services)_____	2-6-1
Form DVR-0116 (Financial Statement)_____	3-11-1
Form DVR-0502 (Eligibility Decision)_____	3-7-5, 3-9-6, 6-1-3
Form DVR-0505 (Agreement to Extend Eligibility Decision)_____	3-1
Functional Capacity Areas_____	3-7-7
Functional Vocational Limitations_____	3-9-2

-G-

General Office Files (Retention/Disposal)_____	1-2-4
Graduate Training_____	2-20-1

-H-

Health Insurance_____	3-11-3
Hearing Aid Vendors (Vendor Review and Certification)_____	1-15-7
Hearing Aids (Physical Restoration)_____	2-16-2
Hearing Officer (Appeals)_____	1-5
Hearing Disabilities_____	Appendix
Hearing Officer - Appointment of_____	1-5
HIV Disease_____	Appendix

Home Health (Physical Restoration)	2-16-11
Hospital Invoices	1-11
Hospitalization (Diagnostic, Inpatient, and Outpatient)	
(Physical Restoration)	2-16-8
Housing and Shelter	3-11-1
Purchase of Furniture and Appliances	3-11-1
Residence Modifications	3-11-1
Human Immunodeficiency Virus (HIV Disease)	Appendix

-I-

Identification and Verification	1-9
IEP/ITP Coordination	5-2-7
IEP Team	3-6-5, Appendix
IL Program (Nature of Services)	3-8
Immediate Family Member (Definition)	1-1-3
Immigration and Naturalization Service Form I-9	1-9
Immigration Reform and Control Act of 1986	1-9
Impairment – Definition	3-6-1
Impediment – Definition	3-9-2
Impediments to Employment	Appendix
Implications of Section 504 and ADA	1-7
Imprest Cash Fund	1-14
Individual with a disability (definition)	3-7-1
Individual with a significant disability	3-7-2
Ineligibility	
IL Program	3-4
VR Program	3-4
Ineligible Records of Service (Retention/Disposal)	1-2-4
Information and Referral	2-10
Instructions for Completing Your Individualized Plan for	
Employment (IPE)	5-1-1
Insurance (Vehicles)	2-22-2
Intellectual Disability	Appendix
Intercurrent Illness (Physical Restoration)	2-16
Internships	2-20-10
Interpreter Services	2-6-2
Interpreter/Translator Services (Foreign Language)	2-6-1
Introduction (Program Administration)	1-1
Invoice Processing	1-11
Case Service Invoice (FORM DVR-0020 or FORM IPIL-1013)	
Dental Invoice (FORM DVR-0126)	
Medical Invoice (FORM-0107)	
Eyeglass Invoice (FORM DVR-0199)	
Pharmacy Invoice (FORM DVR-0101)	

IPE_____	5-1
IPE General Information_____	5-1
Amendments_____	5-1-6
Annual Reviews_____	5-1-5
IPIL Waiver_____	5-1-2
Options_____	5-1-1
Progress Review_____	5-1-4
Signatures_____	5-1-3
IPE Handbook_____	5-1-1, 5-1-3

-J-

Job Development/Placement_____	2-11
Implications for Section 504 and ADA_____	2-11-1
Job Seeking Skills (See Employment Marketing Skills)_____	2-20-13

-K-

-L-

Learning Disability_____	3-6-5, Appendix
Legally Emancipated Minors_____	1-13, 3-5-4
Liability (Transportation of Clients by Division Employees)_____	1-1-4
Liaison Counselor Responsibilities (Community Rehabilitation Program)_____	8-5

-M-

Maintenance_____	2-12
Medicaid_____	1-11
Medical Consultation_____	1-16
Medical Data_____	3-2
Medical Equipment and Appliances_____	2-5-3
Medical Invoices_____	1-11
Medicare_____	1-11
Membership Directory of the Carolina Association of Translators and Interpreters_____	2-6-1
Mental Restoration_____	2-13

Modifications_____	2-18
Residence_____	2-18-1
Vehicle_____	2-18-2
Worksite_____	2-18-3

-N-

Nature and Scope of Services_____	Chapter 2
Nature of Services_____	2-1
NC Association of Rehabilitation Facilities_____	1-1-1
NC Client Assistance Program_____	1-1-1
NCDVR Prescription Narcotic Pain Medication Contract_____	2-16-9, Appendix
Nondiscrimination_____	1-8
Notetakers (Academic Support Services)_____	2-4-2
Notetaker Services (Deaf Student Programs)_____	2-20-15

-O-

Obesity, Morbid_____	2-16-1
Occupational Course of Study_____	2-20-14
Occupational Therapy (Physical Restoration)_____	2-16-14
On-The-Job Training (OJT)_____	2-20-9
Order of Selection_____	3-10
Vocational Rehabilitation_____	3-10-2
Orthotic Invoices_____	1-11
Orthotics (Physical Restoration)_____	2-16-3
Orthotists (Vendor Review and Certification)_____	1-15-4
Other Goods and Services_____	2-14
Out-of-State Training_____	2-20-5
Overpays (Invoice Processing)_____	1-11

-P-

Panel of Psychologists_____	1-11
PELL Grant_____	2-20-1
Permanent Relocation and Moving Expenses (Transportation)_____	2-21-4
Personal Assistance Services_____	2-15
Termination from Personal Assistance Program_____	2-15-2

Vocational Rehabilitation Program_____	2-15-1
Personal Care Assistants and Escorts (Transportation)_____	2-21-3
Personnel Manager_____	1-7
Pervasive Developmental Disorder (Autism)_____	3-6-5
Pharmacy Invoices_____	1-11
Physical Capacity Assessment_____	2-16-15
Physical Conditions_____	3-6-1
Physical Restoration_____	2-16
Physical Therapy (Physical Restoration)_____	2-16-13
Planning and Evaluation Services Section – VR_____	1-2-5
Podiatry (Physical Restoration)_____	2-16-5
Policy Development and Consultation_____	1-1-1
Post Employment/Closure Services_____	Chapter 7
Postsecondary Training_____	2-20-1
Preliminary Assessment_____	Chapter 3
Preparatory School Training_____	2-20-6
Prescription/Non-Prescription Drugs_____	2-16-9
Presumption of Benefit (VR)_____	3-9-3
Presumption of Eligibility (VR)_____	3-9-5
Primary Source of Personal Assistance_____	2-18-1
Prior Approval of Unusual Charges_____	1-11
Private Conveyance (Transportation)_____	2-21-2
Program Administration_____	Chapter 1
Program Utilization Report (PUR)_____	8-5, Appendix
Prosthetic Invoices_____	1-11
Prosthetists and Orthotists (Vendor Review and Certification)_____	1-15-4
Prosthetics (Physical Restoration)_____	2-16-4
Provision of Services to Employees/Immediate Family_____	1-1-3
Psychological Evaluations_____	3-6-5
Psychological/Psychiatric Conditions_____	3-6-5
Psychological Services Invoices_____	1-11
Psychologists (Vendor Review and Certification)_____	1-15-3
Psychotherapy_____	2-13-1
Public Conveyance_____	2-18-2
Purchase of Equipment_____	2-5-1
Purchase of Furniture and Appliances_____	2-5-6
Purchases (Vehicles)_____	2-22-1

-R-

Reader Services_____	2-6-3
Record of Attendant Care Hours_____	2-18-2
Record of Service Outcomes_____	Chapter 6
Outcome During Preliminary Assessment - VR Program -	
Case Status Code 08 From Case Status Code 02_____	6-3
Client Notification_____	6-3-2
Closure Standards_____	6-3-1
Record of Service Documentation_____	6-3-3
Outcome From Pre-Service Listing - VR Program -	
Case Status Code 38_____	6-6
Client Notification_____	6-6-2
Closure Standards_____	6-6-1
Record of Service Documentation_____	6-6-3
Outcomes in Case Status Codes 08, 28, 30 and 38 - VR Program_____	6-2
Outcome Prior to Implementation of the IPE - VR Program -	
Case Status Code 30_____	6-4
Client Notification_____	6-4-2
Closure Standards_____	6-4-1
Record of Service Documentation_____	6-4-3
Successful Employment Outcome After IPE Completion –	
VR Program - Case Status Code 26_____	6-1
Client Notification_____	6-1-2
Closure Standards_____	6-1-1
Record of Service Documentation_____	6-1-3
Record of Service Transfers_____	1-2-1
Records Management_____	1-2
Recreational and Social Services_____	1-11
Referrals_____	3-5-2
Regional Director_____	1-1-3
Regional Evaluation Specialist_____	2-23-2
Rehabilitation Act of 1973_____	1-1
Rehabilitation Act of 1973 (1992 Amendments)_____	1-12
Rehabilitation Counselor I/Rehabilitation Counselor Trainee_____	1-20
Rehabilitation Engineer_____	2-5
Rehabilitation Engineering_____	2-17-1
Rehabilitation Needs Assessment_____	4-2-2
Rehabilitation Program_____	Chapter 5
Rehabilitation Technology_____	2-17
Release of Confidential Information With Consent of the Client_____	1-3-3
Release of Confidential Information Without Consent of the Client_____	1-3-4
Repairs (Equipment)_____	2-5-7
Repairs (Vehicles)_____	2-22-3
Repossession of Equipment_____	1-10
Requests for Client Information_____	1-3-2
Request for Residence Modification (Form DVR-0197)_____	2-18

Request for Vehicle Modification (Form DVR-0196)	2-18
Requires Vocational Rehabilitation Services	3-9-4
Residence Modifications	2-18-1
Residence (Nondiscrimination)	1-8-3
Responsibilities of Receiving Counselor	1-2-3
Responsibilities of Transferring Counselor	1-2-2
Retention/Disposal of Records of Service	1-2-4
Retraining	2-20-8
RSA Disability Codes	3-7-5, Appendix

-S-

Scope of Services	2-2
Second Opinions	1-16
Secondary School - Closure Standards	6-1-1
Secondary Restoration Issues Accompanying a Chronic Impairment	2-16
Section 504 (of the Rehabilitation Act of 1973)	1-7
Security Agreement (Equipment)	2-5-2
Services to Family Members	2-19
Signatures, Client	1-13
Significant Disability/Most Significant Disability Document	3-7-2
Significant Disability (VR)	3-9-7
Sign Language (Communication Services)	2-6-2
Social Security Act (Presumption of Eligibility)	3-9-5
Social Security Administration	3-9-5
Social Security Disability Insurance (SSDI)	3-11-2
Social Security Numbers	1-9
Social Security Reimbursement System	1-6-2
Social Security Work Incentives	1-6
Special Conditions	3-6-7
Special Programs (Training)	2-20-15
Deaf Programs	
Central Piedmont Community College, Western Piedmont and	
Other Community Colleges	
Gallaudet University	
Summer Vestibule Program - NTID	
Special Studies and Surveys	1-1-1
Consumer Satisfaction Survey	
IL Rehabilitation Program Satisfaction Survey	
Post-Closure Follow-up Study	
Specialist for Physical Disabilities	7-1-1
Speech Therapy (Physical Restoration)	2-16-12
Speech Therapy Invoices	1-11
State and Strategic Plan Public Meetings	1-1-1
State Legislation	1-1
State Plan	1-1
State Unemployment Tax (SUTA)	2-20-10

Statewide Budget Code RCC 1281_____	1-12
Statewide Budget Code RCC 1290 (Modifications)_____	2-18
Statewide Independent Living Council_____	1-1-1
Storage and Disposal of Equipment_____	1-10-3
Subpoenas_____	1-3-5
Subrogation Rights: Assignment of Reimbursement_____	1-18
Substance Abuse_____	Appendix
Substantial Gainful Activity (SGA)_____	2-22-1
Substantial Services_____	2-2-1
Substantive Change_____	5-1-6
Supplemental Security Income (SSI)_____	3-11-2
Supported Employment Definitions_____	Appendix
Supported Employment_____	5-2-8, 6-1-1, 8-2
Surgical Assistant and Free-Standing Surgical Facility Invoices_____	1-11

-T-

Telecommunicative Devices_____	2-5-5
Termination from Personal Assistance Program_____	2-15-2
Ticket to Work_____	Appendix
Timelines for the Eligibility Determination_____	3-1
Timeliness of Application Process_____	3-5
Timeliness of Services_____	2-2-3
Title VI of the Civil Rights Act of 1964 (Vendor Compliance)_____	2-6-1
Training_____	2-20
Academic Standards_____	2-20-7
College and University_____	2-20-3
Employment Marketing Skills (Job Seeking Skills)_____	2-20-13
Graduate_____	2-20-4
On-The-Job_____	2-20-9
Out-of-State_____	2-20-5
Preparatory School_____	2-20-6
Postsecondary_____	2-24-1
Retraining_____	2-24-8
Special Programs_____	2-24-15
Supported Employment_____	2-24-12
Transition Services from School to Work_____	2-24-14
Vocational_____	2-24-2
Work Adjustment Job Coaching_____	2-24-11
Work Adjustment_____	2-24-10
Training and Placement Equipment List_____	2-5-1, 2-5-6
Transfer of Equipment_____	1-10
Transition Services from School to Work_____	2-20-14
Transition to VR (Closure Standards)_____	3-4
Transitional Employment (Supported Employment)_____	6-1-1
Transportation_____	2-21
Ambulance Services_____	2-21-5

Permanent Relocation and Moving Expenses_____	2-21-4
Personal Care Assistants and Escorts_____	2-21-3
Private Conveyance_____	2-21-2
Public Conveyance_____	2-21-1
Transportation of Clients – Liability_____	1-1-4
Tutors (Academic Support Services)_____	2-4-1
Tutoring Services (Deaf Student Programs)_____	2-20-15

-U-

Unit Manager/Facility Director Approval_____	1-20
Unit Manager/Facility Director_____	1-2-3, 1-3-1, 1-11, 1-16, 1-20 , 1-20-1, 2-13-1, 2-18, 2-18-1, 2-20-5, 2-20-9, 2-20-11, 2-20-14, 2-21-4, 2-22-1, 2-22-3, 3-11-1, 8-5
Unused Client Equipment_____	1-10
Use of Existing Information_____	3-2
Utilization of a Center for Independent Living_____	9-2
Contract Services_____	9-2-1

-V-

Vehicle Inspection Sheet (Form DVR-7001)_____	2-18
Vehicle Modifications _____	2-18-2
Vehicles_____	2-22
Insurance_____	2-22-2
Purchases_____	2-22-1
Repairs_____	2-22-3
Vendor Review and Certification_____	1-15
Vendor Compliance List_____	1-15-1
Vendor Selection Process (Residence Modifications)_____	2-18-1
Visual Services (Physical Restoration)_____	2-16-6
Vocational Evaluation_____	2-23
Community Based Assessment_____	2-23-3
Community Rehabilitation Programs_____	2-23-1
VR Unit Office_____	2-23-2
Vocational Training_____	2-20-2
VR Advisory Council_____	1-1-1
VR Comprehensive Assessment_____	Chapter 4
VR/IL Concurrent Records of Service_____	1-12
VR Facility_____	2-23-4

VR Program (Nature of Services)_____2-1

-W-

Wage and Hour Responsibilities_____	1-19
Weekly Check-Write_____	1-11
Wheelchairs_____	2-5, 2-5-4
Work Adjustment Job Coaching _____	2-20-12
Work Adjustment Training_____	2-20-11
Work Experience/Work Simulation (Transition Services From School to Work)_____	2-20-14
Work Hardening (Physical Restoration)_____	2-16-15
Workers' Compensation_____	1-3-4, 1-18, 2-20-9
Worksite Modifications_____	2-18-3

-XYZ-